MANDATORY CAREER CHANGE: TRANSITION EXPERIENCES OF CANADIAN ARMED FORCES VETERANS

by

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Abstract

For all serving military personnel, transition to civilian life is inevitable; however, a release may come as a surprise for the approximately 2000 service members who retire annually as a result of a medical condition (Department of National Defence, personal communication, 28 June, 2017). These Veterans will leave the Canadian Armed Forces (CAF) under vastly different circumstances than those who voluntarily release. A medical release can be a result of a visible or non-visible wound suffered in an operational theater, a training injury or a chronic disease diagnosis. In a follow-up to landmark cross-sectional survey, Veterans Affairs Canada (2017a) concluded that 32% of releasing Veterans experience a difficult transition to civilian life; which, indicates the need for tailored transition services and research into the causes of these struggles. The trinity of an unexpected truncation of one’s career, a medical diagnosis coupled with an uncertain health status, and a precarious future signal the start of a soldier-to-civilian transition that many Veterans are ill-prepared to confront.

Service members finding themselves on this trajectory are faced with a myriad of decisions that impact the totality of their lives. Aspects of military life are not limited to a predictable daily regime, rather service extends beyond the uniform affecting family and friends; a truly a unique way of life. One condition of military employment is that soldiers and families must move to various Canadian Forces Bases located in both major metropolitan areas with the associated high cost of living to rural locations with limited prospects for spousal employment, school choices for children, reduction of some community services offered in either French or English, or readily available access to family health care. When soldiers are leaving the CAF for civilian life, some of these considerations must be addressed to contribute to a successful transition. This study investigated the individual decision-making process surrounding a
mandatory career change with a view to better inform policy-makers and transitioning Veterans.

Findings indicate that a more deliberate institutional approach to transition will empower Veterans to realize their post-military potential with the assistance of a tailorable transition decision-making aid.

**Keywords**

Canadian Armed Forces, Veteran, transition, medical release, decision-making process
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Chapter 1

Introduction

Today’s veterans often come home to find that, although they’re willing to die for their country, they’re not sure how to live for it.  

Career transitions are underpinned by uncertainty; whether beginning a career, moving into a position with new responsibilities and authority within an occupation, or unexpectedly facing a mandatory change in professional fields due to unforeseen circumstances. Canadian Armed Forces (CAF) Veterans often confront an even more daunting transition when presented with a forthcoming release from the military as a result of a medical issue that truncates further uniformed service. This soldier-to-civilian move signals the end of a formal military commitment, inclusive of the concept of unlimited liability, regardless of occupation, associated with operational service, towards an unknown and ambiguous future. Transition implies an ending simultaneous with a new beginning, a shift, and a potentially a transformative change where Veterans need to determine how this chapter of selfless service will end. The reality of military service creates a culture that is unapparelled in the civilian world; often service members live in secluded areas of the nation where bases are located, they may be deployed to austere and unforgiving parts of the world with little notice, and may deal with occupational demands that separate them from their families and loved ones for extended periods of time. Not surprisingly, these same working and living conditions contribute to the strengthening of ties to their extended military family (Ahern et al., 2015) who are living this shared experience. When Veterans face an unanticipated release from the military, the support
structure that has both enabled their success and was relied upon to build resilience begins to erode further underscoring the complexity of Veteran transition towards becoming a civilian.

The Canadian Armed Forces consists of approximately 75,400 full and part-time soldiers, sailors, and aviators (Department of National Defence, 2016c). CAF is broken into four distinct (and main) elements; the Royal Canadian Navy (RCN), the Royal Canadian Air Force (RCAF), the Canadian Army (CA), and Canadian Special Operations Forces Command (CANSOFCOM). Military personnel are deployed around the world and throughout Canada in order to serve Canada’s foreign interests and protect the nation’s sovereignty. Canadian Forces Bases (CFB) and Wings are located throughout the nation, many in austere locations, and all serving members are subject to the same governing regulations and policies.

While research has looked at Canadian and Allied nations whose Veterans face retirement because of work-related mental health concerns or occupational stress injuries; there has been limited research into the phenomenon of Canadian Military Veterans who must leave the CAF because of a medical issue presenting itself in the mid to late part of one’s career. The ambiguity surrounding a medical release, regardless of diagnosis, leads to confusion in policy application, financial uncertainty, and personal distress (Blackburn, 2016). Canadian service members are subject to the concept of universality of service; this is the policy that establishes the guidelines for service in relation to medical conditions and physical fitness standards under which CAF personnel are employed (Department of National Defence, 2015). A breach in one or more of the universality of service conditions; based on a “soldier first” (Department of National
Defence, 2015) policy are applied equally to all service members regardless of military specialty may result in a medical release. Service members finding themselves on this shortened career trajectory are suddenly faced with a myriad of decisions that will impact their lives, employment, education and training prospects where many Canadian Veterans transitioning to civilian life often self-report that such a change is fraught with unanticipated complexities (Westwood et al., 2010). Black and Papile (2010) describe this transition as cross-cultural, meaning that Veterans are moving from one job into retirement or back into the workforce in another capacity leaving behind the unique military culture that has shaped a large portion of their adult lives. For medically releasing Veterans this junction signifies the start of an important series of decisions, often at an accelerated rate, ranging from a self-examination of their physical and mental capacity for work, retraining and education options, to dealing with recovery and stability of a diagnosis to prepare for a second-career. In essence, a re-construction of identity takes place shifting from a serving military member to Veteran and determining what this distinction means to them in their new environment. For the approximately 2000 CAF service members who are medically released annually (Department of National Defence, personal communication, 28 June, 2017), the aforementioned decision points begin to shape the outlook and experience of a forced transition.

The Department of National Defence (DND) and Veterans Affairs Canada (VAC) are the two federal organizations that are primarily responsible for the soldier-to-civilian transition. For medically releasing personnel, an augmentation of responsibly occurs whereby a VAC case manager is assigned to help facilitate the transition. Additionally, medically released Veterans are eligible for financial support offered through Service
Income Security Insurance Plan (SISIP) Manulife Financial services. The robust support structure that exists to enable transition is commendable; however, MacLean et al., (2014) found that 49.6% of medically released Veterans still experience a difficult transition. The implication is that more research into medically releasing soldiers and the difficulty of transition is warranted for the 21st century Veteran.

**Key Terms**

This study will review and refer to many articles, books, and research data that examines Canadian and Allied militaries where different perspectives on military transitions are posited. Given the variances in terms and how some words are understood across CAF and in other allied forces, clarification is required to ensure a common perspective is considered. The unexpected cessation of one’s career in mid-life can be a disorienting dilemma (Mezirow, 2012) leading to personal, familial, and professional turmoil. Mid-life defined for this research is an individual who has served at least 15 years in the same profession or reached the age of 40. Transition used henceforth implies from military to civilian life unless otherwise stated. For the purposes of this study, the use of the word soldier is inclusive of all service members including aviators, sailors, special operators, and officers. As required for clarification or to highlight a relevant point military rank may be used but not in reference to the participant. This study is focused on the regular force component, full-time volunteer service, of the military.

Transition and release are used synonymously. The dearth of Canadian Military medically-related transition information led to the use of other material and research from democratic nations that share similar operational approaches. It is important to state that the civilian-to-military transition on initial enrollment, although extremely important, is
not the focus of the research; rather the conditions and phases of release from military service is the focal point. While Canada relies upon an all-volunteer force, this clarification is worth noting since democratic nations use a variety of intake strategies (Adams, 2010) such as conscription or mandatory military service as witnessed in countries such as Norway, Israel, Turkey or Bermuda as examples. These various types of enrollments often lead to a prolonged indoctrination period that shapes ones’ military identity.

The term Veteran has both a legal definition and a colloquial understanding. Veterans Affairs Canada defines Veteran as “any former member of the Canadian Armed Forces who successfully underwent basic training and is honourably released” (VAC, 2015). The Royal Canadian Legion has an expanded definition of Veteran that includes “any person who is serving or who has honorably served in the Canadian Armed Forces [or] . . . in a Special Duty Area or on a Special Duty Operation” (Royal Canadian Legion, 2017c). Additionally, conversational references of Veterans often invoke recollections of World War I, II, or the Korean Conflict. For this research, the use of Veteran falls in line with Veteran Affairs Canada definition.

**Purpose**

This biographic narrative study reports on the experiences of five medically released Canadian Armed Forces Veterans who are either in the processing of transitioning to civilian life or have completed it. It must be emphasized that all participants have officially left military service. Veteran narratives are reinforced through data captured using an online questionnaire distributed to those Veterans who match the same study selection criteria as the narrative participants. The completion of
transition is a self-identified concept where the Veteran has either decided to fully retire, re-enter the workforce, or is setting the conditions for employment through skills retraining or educational upgrading. The nature of transition to civilian life is highly personal where each individual story is examined against the self-important criteria espoused by the member. In analysing each narrative on its own merit, the researcher is positioned to address the purpose of this study; to better understand the challenges faced with an unexpected medical release from the CAF. VAC (2014) stated that between 1998 and 2007 that 25% of Veterans experienced a difficult transition to civilian life coupled with a worsened personal state of health as compared to the Canadian population (p. 8). More recently, the number of Veterans who have experienced a difficult transition has risen to 32%; which, continues to stress the need to allocate appropriate resources in this area (Veterans Affairs Canada, 2017ba. This study highlights current transition issues while presenting a Veteran individual decision-making aid aimed to reduce transition anxiety.

This study is driven by five research questions:

1. What is the individual decision-making process surrounding a mandatory mid-life career change?
2. How does current policy perceive to facilitate Veteran transition?
3. What factors did participants feel influenced the second career choice?
4. What kind of identity change appeared during a transition to civilian life?
5. What support structures were identified that better enabled transition?
Rationale

Educational Significance

There is limited research into Canadian Military Veteran transition and a gap of knowledge surrounding the impact on individuals who experience an unanticipated release because of a medical condition from the Canadian Armed Forces. This study addresses that gap through a narrative approach that examines the facets of individual transition. Through the identification of common themes, a decision-making aid can be developed that considers the essential factors to better manage the transition to civilian life. This aid can be proposed to those future Veterans facing a medical transition to civilian life. This personalized approach will endeavor to clearly identify what a successful transition may mean for each Veteran. Transition theory, as presented by Schlossberg (1981), provides a foundation upon which the more specific needs of Veteran transition may be further augmented. The lack of longitudinal and phenomenon specific studies also highlights a need for research into the requirements of those middle-aged medically releasing veterans. VAC (2011) reported that 89% of Veterans worked after transitioning to civilian life, further underscoring the importance of discovering successful methods of re-entering the workforce and suggesting a decision-making aid in the process.

Veteran care and transition is a national security issue that dates back to the end of World War 1 where the initial Canadian demobilization was inadequate leading to a loss of trust in the federal government. Canadian soldiers were involved in 13 riots (Granatstein, 2014) overseas in an attempt to place pressure on the government for a quicker repatriation. Additionally, in 1919 thousands of unemployed Veterans gathered
in Winnipeg to protest the lack of post-military opportunities available resulting in a riot (Granatstein and Hillmer, 2004); based on this experience Veterans transition began to ameliorate in the post-WWII era. Further, the perception of an unsuccessful reintegration of some Veterans into civilian society can contribute to a negative view of the Canadian Armed Forces, especially when weighed against the astonishing commitment of those citizen soldiers who enlist and accept the associated risks of service. Consequently, the aggregate of service conditions can appear unwelcoming leading to a strategic impact on the military manifesting as a negative influence on recruiting and diminished public support for the Government of Canada. A national example of this unfavourable confluence of factors is exemplified by the decision of the Government of Nova Scotia to initiate an inquiry into the murder-suicide deaths of a medically released soldier and three of his family members (Government of Nova Scotia, 2018). These actions potentially fuel misinformation concerning potential psychological harm of military service prior to all the facts being discovered. Additionally, Veterans have an economic influence at the local, provincial, and federal level as a skilled labour resource is created as they return to the workforce. It is recognized that a national care plan for Veterans has deep roots in Canada where an “implicit social covenant” (Veterans Affairs Canada, 2004, p. 1) can be traced back to the turn of the last century. By addressing the medical release process in a qualitative manner, indicators of post-military success of transitioning Veterans may emerge and can be resourced appropriately to contribute to national interests.

For institutions of higher learning such as trade schools, colleges, and universities, the impact of transitioning Veterans may result in greater enrollment given the announcement of a federally funded training and education benefit. The Government of
Canada committed to investing $133.9 million, as part of the 2017 budget, in a “Veterans’ Education and Training Benefit [that may] provide up to $80,000 to Veterans in support of post-secondary education” (Veterans Affairs Canada, 2017b) commencing 1 April 2018. The implication of a guaranteed source of tuition support will have an impact on individual decisions to pursue training and education after military service as this benefit is intended to address voluntary, end of terms of service, and medical releases. In other words, the majority of the service members who served a minimum of six years in the CAF may be entitled to education grants ranging between $40,000 and $80,000. In turn, qualifying Veterans may be a welcomed addition to a variety of campuses throughout the nation; therefore, this should be of interest to post-secondary recruiters and educators.

**Personal Experience**

Patton (2002) discusses the importance of acknowledging the researcher’s predispositions and presenting them in a forthright manner when approaching a study. This is particularly important in this study as I was a senior Canadian Army officer until forced to medically retire after 26 years of service. I served in two infantry battalions, the Canadian Special Operations Regiment, and various staff positions. In addition, I participated in four expeditionary deployments, one aid-to-the-civil power domestic operation, conducted a year-long exchange with the United States Marine Corps, and engaged in a number of international taskings around the globe. I was unexpectedly faced with a mandatory career change because of a chronic disease diagnosis that breached a universality of service condition. Therefore, by implementing a mitigation strategy that both informs the reader of my diagnosis whilst acknowledging the potential pitfalls
associated with research bias contributes the validity of the study. Given the fact that the bulk of my service was infantry-centric, a purposeful sampling strategy was used with a view to achieve the greatest range of sex, rank, military element, length of service, and experience amongst the study participants. In doing so, no participant who served in the infantry was selected for the in-depth interview phase further mitigating any bias as a result of my service that may be present. Education, professional qualifications, and technical skills were not included in the participant selection criteria as current transition programs allow for the pursuit of a wide range of academic goals. The selection of a diverse research population enables greater depth, richness, and balance in the study vice conclusions based on experiences from participants who share a similar operational background. Additionally, the use of a semi-structured interview guide ensured that the same questions were asked of all participants followed by the opportunity for participants to member check the transcribed interviews. This step allowed the interviewees to correct any erroneous transcriptions made by the author. Further, data collected in the interviews is supported through participant responses from an online questionnaire. Finally, during the data analysis stage, cross-validation will be achieved through the use of an interrater thereby ensuring the identified themes are appropriate, applicable, and relevant to this study. Absolute objectivity is not achievable; however, all reasonable steps were taken to ensure a critical approach is applied to ensure greater creditability.

**Overview of thesis**

The goal of this research is to better understand the challenges experienced by those medically released CAF Veterans during their transition to civilian life. To gain a more diverse range of participants, both male and female sexes where approached as well
as ensuring various military occupations and environments were included in this narrative study. This thesis is divided into six chapters. This chapter introduces the topic, defines key terms, and provides the rationale. Chapter two is a review of relevant literature that underscores the gaps surrounding the medical release phenomenon. Chapter three outlines the methods employed to recruit participants, collect data, both through interviews and an online questionnaire, and a description of how the data was analyzed. Chapter four presents the interview results where chapter five presents the online questionnaire results. Chapter six discusses the findings and provides recommendations to future medically releasing CAF Veterans. This thesis ends with personal reflections on the research.
Chapter 2

Literature Review

I have long believed that individuals who wear the uniform are role models for society.

His Royal Highness Prince Henry of Wales, 25 Sept 2017

The Department of National Defence, Veterans Affairs Canada, and Canadian scholars have acknowledged the need for more research on Veteran transition to address a number of gaps in knowledge. Organizations, such as the Canadian Institute for Military and Veteran Health Research at Queen’s University in Kingston, Ontario have partnered with 43 Canadian universities to conduct research on Veterans and their families (Canadian Institute for Military & Veteran Health Research, 2018). The collective impact of government and academic efforts in researching Veteran-centric issues indicates a continued sense of national responsibility that exists towards service members after they leave uniformed service. While Canadian efforts towards Veteran research are increasing, this literature review also considers knowledge produced through the study of Western and Allied militaries. To address the research questions proposed in this study, this literature review identifies four central themes of, (a) antecedents to transition, (b) factors for consideration, (c) expectations, and (d) knowledge growth, that provide an avenue for further exploration.

Antecedents to Transition

Normally there are three broad categories from which CAF members are released from service; voluntary, medical, or as a result of disciplinary or administrative issue. It can be argued that two of these methods follow a standard pre-determined path that provides ample preparation time to affect a meaningful transition, whereas a medical
release may catch serving members without warning. Service in CAF is predicated, among other factors, on the principle of universality of service. Universality of service outlines the minimal health and physical fitness conditions under which CAF personnel are employed (Department of National Defence, 2015). In addition to the CAF-wide universality of service policies, there are military occupation-specific standards that may be more rigid. An unexpected and forced transition from the military as a result of a wound, injury, or chronic disease creates a great deal of uncertainty and anxiety for members (Blackburn, 2016; Brunger et. al, 2013; Robertson & Brott, 2013; Westwood et. al., 2010). The CAF administrative process is further complicated as there is no associated timeline resulting in a determination of a breach of universality of service. In other words, each case is treated differently and on its own merits, therefore individuals experience varying levels of stress during this period (Blackburn, 2013; Herman & Yarwood, 2013). The individual range of these emotions is also experienced by service members in allied militaries where programs such as the Veterans Transition Program (VTP), developed in Canada, are being used effectively in other nations (Balfour et al., 2014). Further heightening the complexity of the medical release procedure is that some soldiers who have faced amputations or other manageable though severe injuries or have a disease in remission or under control may continue to serve; this may be perplexing for someone trying to judge their steps of release in relation to others. The uncertainty of the institutional administrative decision-making process surrounding medical cases leads to confusion in policy application, financial uncertainty, and personal distress.

Soldiers may face a wide variety of stressful situations throughout their careers, ranging from exposure to physical and psychological trauma, international missions
dealing with a litany of humanitarian concerns, austere and geographically isolated postings, along with extended time away from family due to training and deployments (Jones, 2013; Westwood et al., 2010). This constant need to deal with operational ambiguity cultivates desirable traits such as adaptability, flexibility, and selflessness that soldiers may be able to call upon during their transition phase (Robertson & Brott, 2013). Moreover, a recent government report emphasized the importance that family plays to enable a successful transition (Veterans Ombudsman, 2016); therefore, when researchers note that military families move “3-4 times more often than their civilian counterparts,” (Cramm et al., 2015) the cumulative impact of uniformed service becomes more quantifiable. For medically released personnel, they may no longer be able to employ those aforementioned traits that ensured their military and personal success due to persistent health limitations and concerns; this further emphasizes that successful reintegration into civilian society is highly individualized and criteria should be determined by the soldier in relation to their situation.

Those soldiers who must medically release are leaving behind a military family, financial stability, and a profession that impacts the entirety of one’s personal life (Veterans Ombudsman, 2016; Westwood et al., 2010). In some cases, stipends or cash-payouts are awarded to medically releasing Veterans; however, most payments fall under the auspices of external Department of National Defence agencies and may not be accessed by all due to eligibility requirements. In many studies, a consistent theme of financial stability emerged where soldiers, who could, discussed the desire to return to work where their new-found potential could be realized (Allen et al., 2014; Rose et al., 2017, Veterans Ombudsman, 2013; Westwood et al., 2010).
The impact on Veteran personal financial stability was addressed in a report that concluded with a recommendation for developing tailored employment search strategies for those experiencing challenges resulting from a disability (MacLean et al., 2016). The implication is that soldiers actively pursue secondary interests upon release in order to regain a sense of belonging and financial stability.

Traditionally, soldiers can release from the CAF and most Western militaries at a relatively young age (mid-40s), in comparison to their civilian counterparts, and receive a pension (Gaily & Shimon, 2012; Thompson et al., 2011). While it is difficult to predict the medical release timing, from diagnosis through to the final employment decision, current CAF policy allows a soldier to immediately begin collecting a pension upon release if that member has served 10 consecutive years. Without financial compensation from external agencies being accounted for and if eligible for additional funding support, the pension amount is commensurate with the soldiers’ rank. The pension amount is a significant reduction in wage that may further fuel the Veteran’s desire for additional employment; supported by Blackburn’s (2016) finding that “89% [of Canadian Veterans] work after their release” (p. 59). A limitation in this statistic is that all categories of release are included but it is reasonable to conclude that a number of those who re-entered the workforce were medically discharged personnel. Finally, a government report noted that Veterans’ income was lower when released medically (MacLean et al., 2014) especially for those at a lower rank and who served less time in the military.

**Consideration Factors for Personal Success**

An individual assessment of life-affecting factors must occur when faced with transition from military life to assist in determining what comes next. Transition itself is
a well-documented phenomenon where similar essential factors, such as financial stability, employment potential, and support, are discussed (Ford, 2017; Jones, 2013; Westwood et al., 2010). Transition theory (Schlossberg, 1981) explores some applicable considerations that are based on how adults adapt to change across a wide spectrum. This theory presents positive transition and adaptation traits, such as personal perception, characteristics, and environment, that may be applied in areas such as individual, career, and health when impacted by unexpected change. However, the model is not military specific, therefore, a number of key elements, such as culture, military identity, relevant policy, and impact of time are not addressed. Regardless of what research has termed important factors for consideration, the underlying theme is that the assessment of what occurs during transition and in the post-transition phase, is highly individualistic, therefore, careful attention is warranted when reflecting on what is important to the CAF member.

Transitioning from the military may provide an opportunity for Veterans to return to university, college, or vocational school in pursuit of higher education. The Department of National Defence has partnered with several private organizations to assist in this area; however, there is a limited support structure in dealing with these options as part of the administrative release process (Blackburn, 2016). Civilian organizations such as Helmets to Hard Hats Canada and Canada Company offer robust transition services where others, like Treble Vector, provide a networking platform for Veterans. Additionally, not-for-profit groups like the Military Family Resource Center (MFRC) offer transition services aimed at the entire family (Military Family Services, 2016). Incidentally, American studies have found that a lack of understanding on the part of
releasing Veterans as to how to engage industry leaders is an impediment to future employment (Davis & Minis, 2017) opportunities. The above-noted Canadian civilian services are in addition to the 23 programs offered through DND and the 14 facilitated by VAC (Veterans Ombudsman, 2016) all of which underscore the range of possibilities and needs of individual transition. Further complicating transition to higher education is the ability of some Veterans who cannot immediately pursue post-secondary education as a result of a chronic disease or severe injury (Kalev, 2006; Westwood et al., 2010). In June 2017, DND formerly recognized the increasing complexities of transition where Government of Canada announced the creation of a Canadian Armed Forces Transition Group (Department of National Defence, 2017a) armed with a mandate of assisting transitioning soldiers. The organizational structure has not been fully developed at this point.

Employment in the military leaves Veterans with highly specialized capabilities but some of these are not directly transferable to the civilian workforce (Gaither, 2014; Gaily & Shimon, 2012; Robertson & Brott, 2013). Whilst occupations such as mechanics, engineers, and communication technicians may be able to transfer directly into a job without retraining, there is often an additional accreditation process that must occur. Moreover, since the military is a federal organization some qualifications attained during service are not entirely interchangeable with provincial standards. Transitioning American Veterans are aided significantly through many government programs that ensure technical skills earned in the military are understood by partners in industry (Davis & Minnis, 2016) whereas Canadian initiatives are still in their infancy and not specifically designed for those being medically released (Canada Company, 2017).
Additionally, Veterans may possess soft skills such as leadership, initiative, decision-making, and perseverance that tend to be marginalized when applying to civilian jobs (Davis & Minnis, 2017). Blackburn (2016) stated that transition is “first and foremost a professional one,” (p. 56) meaning that one career is over and a search for another niche commences.

Furthermore, a study in the United Kingdom found that transitioning Veterans repeatedly described an “us and them” (Binks & Cambridge, 2017, p. 1) culture within society. Similarities were noted in a VAC report (2017) when speaking of operational experience in Afghanistan where Canadian Veterans “expressed disappointment that civilians … did not comprehend their deployment experience” (p. 49.). These sentiments further contribute to transition anxiety for medically released soldiers where the use of previously acquired skills and technical abilities may no longer be achievable, thereby potentially generating friction in a new work environment.

The importance of a familial contribution for transitioning soldiers is an omnipresent theme in supporting literature (Gaither, 2006; Haynie & Shepherd, 2011; Westwood et al., 2010). Given the rural location of many Canadian military bases, there is a strong likelihood that a geographic move is in order upon release; this move could be back to a hometown, to a location with specialized medical care, or to a region that better supports spousal employment. Robertson and Brott (2013) noted that retiring soldiers from the United States were faced with varying unemployment rates in different states further amplifying transition stress when trying to decide where to relocate upon release. Greer (2017) conducted a recent study with American female Veterans and noted a higher unemployment rate; for females, 6.4%, as compared to their male counterparts,
5.7%. There appears to be no sex specific Canadian Veteran studies related to employment but releasing Canadian soldiers face fluctuating unemployment rates in each province. The following unemployment rates are reflective of February, 2018 figures: (a) Newfoundland and Labrador, 14%, (b) Prince Edward Island, 10.1%, (c) Nova Scotia, 7.9%, (d) New Brunswick, 8.2%, (e) Quebec, 5.6%, (f) Ontario, 5.5%, (g) Manitoba, 5.9%, (h) Saskatchewan, 5.6%, (i) Alberta, 6.7%, and (j) British Colombia, 4.7% (Statistics Canada, 2018). The implication is that Veterans face a mobility choice when releasing from the CAF as a factor to secure potential employment. Additionally, Veterans suffering from post-traumatic stress disorder (PTSD), when employed, will earn almost 25% less than other retired soldiers (Westwood et al., 2010). The dichotomy that presents itself is the need to be around family for emotional support yet the search for another job may be more challenging because of geographic options.

Research has shown that the psychological distress associated with transition has had a detrimental effect on Veterans (Blackburn, 2016; Greer, 2017; Herman & Yarwood, 2014). Veterans work well in structured settings (Heineman, 2016; Westwood et al., 2010) and when that known organization begins to dissipate, a great deal of uncertainty is created that can contribute to an unsuccessful transition. The accumulation of stress from losing a job generates tension within families and may lead to an implosion of personal relationships. The break-up of families at this crucial time may be a contributing factor in the “2,250 homeless Veterans in Canada” (Blackburn, 2016, p. 54). The Veterans Ombudsman (2016) identified that a supportive family structure as an essential requirement for a successful transition. The implication of this finding has manifested into programs and services designed especially for family members.
Additionally, Westwood et al. (2010), underscore the familial challenges faced by Veterans with PTSD as evidenced by the reports of domestic violence cases, depression, and substance dependency issues. Greer (2017) focuses on the impact on female Veterans given the probable change in their family role, from full-time service member inclusive of deployments to potentially “becoming a primary caregiver in their home” (p. 57). The totality of issues surrounding Veterans’ families warrant due consideration in research.

**Expectations**

Soldiers are immersed in a culture of expectation from the time they begin basic training. Canadian military training espouses the following pillars of ethos: (a) beliefs and expectations about military service, (b) fundamental Canadian values, and (c) core military values (Department of National Defence, 2007). The length of basic training for both officers and non-commissioned members provides a great deal of time to reinforce this Canadian Military ethos. Thereafter, service members are immersed in a culture where individual contributions are selfless acts to ensure team success. Blackburn (2016) discusses this process using words such as “indoctrination” and “rite of passage” (p. 55) signaling that one’s subordination is part of a contribution for the greater good. While there is a lack of Canadian data, a reasonable expectation is that research results may mirror a study conducted in the U.K. found that many Veterans choose to retire close to their former military base as an attempt to remain connected with the service (Herman & Yarwood, 2017). Furthermore, these identity traits have reappeared in new employment opportunities where the concept of selfless service often differentiates Veterans from their civilian counterparts causing friction in this new workspace (Rose et al., 2017). To
find a similar sense of career expectation and professional identity may pose another hurdle for those who are medically released.

Like their civilian counterparts the pay scale for soldiers is commensurate with their specific job and position (rank). The Canadian Armed Forces employs a wide range of individuals including those who did not graduate from high school to medical doctors and all types of academically trained personnel in between. In order to be an employer of choice, salaries and benefits may be an attractive option for prospective CAF members where soldiers who are high school graduates with no specific skills can earn a base salary of $52,584 after only three years of service (Department of National Defence, 2017f). Moreover, CAF offers benefits such as full health and dental coverage and operational allowances (some of which may be tax-free) as well as moving and temporary duty stipends, pension, specialist pay, severance, death, disability, and injury benefits. The implication for transitioning Veterans is that they should have a well-prepared financial plan to carry them over periods without an incoming salary. However, just as with civilians, CAF members possess varying financial literacy and planning skills, and not all achieve successful financial planning for the future. The lack of a subsequent salary is the primary factor in generating a great deal of financial stress (Haynie & Shepherd, 2011; Robertson & Brott, 2013). Furthermore, Veterans may find it frustrating when they are trying to find similar compensation packages as they restart a new career. Greer (2017) suggested that women face greater socioeconomic status concerns when re-entering the civilian workforce, which may manifest in the types of jobs female Veterans seek.
Veterans possess a vast skill-set when transitioning, with more senior members having a significant level of exposure to leadership, management, administrative, and bureaucratic challenges associated with large organizations (Gaily & Shimon, 2012; Gaither, 2006). While the aforementioned qualities are positive, the “burden of adjustment relies almost exclusively on the individual personalities” (Gaily & Shimon, 2012, p. 9). This statement magnifies the interdependence of all the transition factors. In other words, as more pressure is exerted in one area of consideration, corresponding factors are faced with additional pressure, meaning there may be an increased reliance on less stable elements. Upon release, Veterans are faced with a competitive civilian job market where transitioning soldiers may no longer be the expert in their chosen fields, which leads to “misunderstanding and misconceptions” (Minnis, 2017, p. 3). These feelings are especially amplified in a Veteran who has medically released with a non-visible injury.

Militaries are hierarchical organizations where career progression is competitive, and status is overtly displayed by virtue of the symbols worn daily on uniforms. For military members, rank is an indication of experience, knowledge, length of time served, competence, and holds operational implications (Gaither, 2006; Robertson & Brott, 2013). Rank is held in such high regard that military members are referred to by their rank and not their first name: For example, Sir or Ma’am (officers and select senior non-commissioned officers), Warrant Officer, Petty Officer, or Aviator (truncated list). Transitioning members face a civilian workplace where first names are used, with no overt symbols indicating position displayed on clothing. This new method of interacting with colleagues leads to some culture shock, which led Rose et al. (2017) to state that
there is a “gap between military and civilian culture with neither group truly understanding the makeup of the other” (p. 18). Some research has found that transitioning Veterans gravitate towards occupations that relate to the military in order to replicate a hierarchy (MacLean et al., 2016; Gaily & Shimon, 2012; Kalev, 2006). These findings relate to Westwood et al. (2010) observations on the continued desire of some Veterans to work within a recognizable structure.

Horn (2008) stated that “combat is arguably the most dramatic and dangerous of human experiences” (p. 73). This bold statement may provide some insight into the motivations of some who join, hints at the undertone of military culture, and goes on to highlight the individual challenges when those same soldiers are faced with an unexpected medical release. Perhaps in reading Horn’s comments, mental images come to the forefront inclusive of a popularized romantic notion of an early 20th century soldier sailing across the North Atlantic to fight in World War I or more contemporary images in a post-9/11 world of soldiers in desert pattern uniforms heading to the Middle-East. These types of images and perceptions contribute to what Robertson and Brott (2013) described as a “threat” (p.78) to other employees. In presenting comments surrounding this image, Gaither (2006) states that Veterans may be faced with the “stigma associated with military experience” (p. 217). Unnecessary friction is created based on a perceived image of a combat Veteran in the workplace potentially impacting the level of self-satisfaction found with the new employment. Further research may show that medically released soldiers may face a greater level of culture shock in their new surroundings, especially, if the release occurred at “mid-career” (MacLean et al., 2013, p. 1143) and for those soldiers who held a lower rank.
Post-military expectations, in terms of training, education, or employment often mirror the role, rank, and position held in the service where there is a separation of employment responsibilities between commissioned officers and non-commissioned members. Gaily and Shimon (2012) noted that transitioning Israeli Veterans look to create new challenges which resulted in 50% of retired officers (mostly university educated) being the originator of their new position such as industry and corporate advisors where previously acquired skills can be leveraged. Conversely, Canadian Veteran data shows that non-commissioned members (typically have completed secondary school) face an elevated likelihood of disability, 30% (Thompson et al., 2014), thereby increasing the probability of a difficult transition. Furthermore, Westwood et al. (2010), found that some Veterans who suffered from mental health issues are reinvigorated, seeking employment, and actively searching for greater challenges. The implication is that a creation of new positions along with a renewed sense of purpose provides some Veterans attainable, challenging, and personally satisfying objectives leading to an increase in self-worth. However, the gap in knowledge that presents itself is that this phenomenon has yet to be fully explored in terms of how a stated objective impacts a personal decision-making cycle. Throughout one’s career, soldiers are exposed to a great deal of transitions such as new jobs, family moves, and deployments where they remain adaptable (Blackburn, 2016; Robertson & Brott, 2013), therefore, this research aims to identify the essential tenets of success that are important for member consideration that could be applied in an unexpected medical release.
**Knowledge growth**

Statistical data shows a correlation between the level of education attained and employability where a Canadian university graduate is 39% more likely to have a job as compared to an individual who completed only some high school (Statistics Canada, 2017). Although there is a lack of Canadian data, Robertson and Brott (2013) studied 136 Americans for one transition program where a significant number of participants (roughly 75%) were non-commissioned officers. By and large, Canadian officers have completed at least an undergraduate degree and non-commissioned members have completed secondary education. There is a terminology difference between the American and Canadian rank structure; however, the reasonable conclusion is that some formal academic upgrading is a likely scenario for releasing soldiers.

There is a national motivation to support the post-service knowledge growth in Canadian Veterans where re-education and training initiatives have some long-standing roots, most notably in the rebuilding efforts of post-WWII. As noted by Neary and Granatstein (1988), a robust rehabilitation program provided for:

…more generous pensions and post-discharge cash payouts that had been offered in the last war [World War 1] …guarantee of resuming one’s previous employment or obtaining a comparable job with one’s former employer following military service, vocational training for all veterans up to a period equal to the time they had spent in uniform, the provision of free university education, preferences to servicemen [sic] for a wide array of civil service posts… (p. 65-66).
These historical benefits are noteworthy and should draw attention to the efforts being allocated toward Veteran transition programs today. Whilst warfare has changed, the human element and basic requirements for post-service employment and care has remained constant.

Various transition approaches have been proposed within the research reviewed, ranging from more theoretical strategies (Gaily & Shimon, 2012) to more personalized methods (Blackburn, 2016; Greer, 2017; Robertson & Brott, 2013; Veterans Ombudsman, 2013) to a group-facilitated transitioning setting (Westwood et al., 2010). Greer (2017) presented a transition approach specifically for women whereas Robertson & Brott (2013) focused on male Veterans only. Haynie and Shepherd (2011) focused on a specific entrepreneurship program that enabled the goal of self-reliance. A unifying theme throughout each approach is the suggestion that a harmonization of personal desire, potential, and opportunity will lead to transition success. In other words, all contributing efforts are intended to compliment the desired objective. Each approach can be viewed on a continuum, where opportunities can be related to type of future employment and current level of academic achievement. In other words, a Veteran may have the desire and an opportunity but does not possess the ability, therefore some level of training must occur. Currently in the pre-transition stage, the CAF uses a splintered approach to academic upgrading, through enrollment in programs such as the vocational rehabilitation program for serving members (VRPSM) or approval of an individual learning plan, to match qualifications, desires, and prospective employment. Blackburn (2016) noted this gap in his article where a recommendation was made that a series of pre-release meetings should take place in order to establish benchmarks in transition. A
critique of Blackburn’s recommendation is there is a noticeable lack of consideration for the CAF members releasing with medical concerns.

Robertson and Brott (2013) along with Westwood et al. (2010), approach Veteran opportunities with a specific goal in mind. Robertson and Brott’s study was predicated on the fact Veterans were conducting a “true career change” (p. 69) from soldier to teacher. The specificity of this transition requires the attainment of a specialized set of skills, which in this case is a recognized teaching certification. At the other end of the spectrum, Westwood et al. (2010) attempted to address the type of support structure required in order to get Veterans well enough to begin to focus on future opportunities. Sayer et al. (2015) found creative writing exercises for both male and female sexes had a positive effect on dealing with transition and managing expectations. While there are other examples of objective related transition programs (Greer, 2017; Ahern et al., 2015; Burkhart & Fann, 2015), the extremes of these three programs highlight a requirement of considering multiple and varied outcomes in one medically sensitive transitioning decision-making aid.

At this stage, it is unknown what the breakdown of medically releasing soldiers who possess post-secondary education is: A gap that warrants further consideration in terms of the transition implication. However, based on the current literature, it appears there is a considerable number of transitioning soldiers who will require higher education in order to compete for their desired employment. Through participant interviews, Robertson and Brott (2013) highlight the amount of time, “3-5 years” (p. 72), until a veteran begins to benefit financially from their new job. Blackburn (2016) encourages pre-releasing Veterans to conduct an academic self-assessment while still serving to
better inform their future. In fact, both SISIP and VAC have timelines associated with the vocational rehabilitation programs which may not meet the needs of the Veterans. Galily and Shimon’s (2012) research was focused on senior officers where the perception was that although Veterans may not be specifically qualified for a position, the leadership and management experience from working within a bureaucracy was enough to be successful in a second career. For medically released CAF members, previously identified timelines may have to be elongated to allow for health stability or recovery. Additionally, the suddenness of a diagnosis or injury may not afford medically releasing Veterans with an opportunity to conduct a full self-assessment that can result in some preparatory options, such as academic upgrading while still serving.

Summary

This literature review has demonstrated that Canadian Veterans have reported adjustment difficulties whilst experiencing some levels of culture shock when re-entering civilian life. This culture shock is negatively reinforced when retirement is forced due to a significant injury or medical issue. The four identified themes of; (a) antecedents to transition, (b) factors for consideration, (c) expectations, and (d) knowledge growth provides some areas for future research. By contributing to this research, the anticipated outcome is that the captured experiences of Canadian Veterans, including both male and female perspectives, will better inform releasing individuals, policy-makers within the Department of National Defence and Veterans Affairs, industry human resource departments, and industry support providers.
Chapter 3

Methods

Between those in uniform and the country they serve there is an implicit social covenant that must be honoured.

Veterans Affairs Canada, 2004

This research employed a narrative approach, meaning that this study is informed through the transition story and voice of participant Veterans. Primarily, transition stories were captured through the use of five semi-structured interviews providing rich and detailed data that simultaneously informed the creation of an online questionnaire where more specificity in several key areas was sought from a larger sample size. Throughout this chapter, strategies to increase the credibility and trustworthiness of the results are noted at crucial points. The combination of interviews and an online questionnaire provided an opportunity to gather a great deal of data focused on a specific type of transitioning Veteran, one who experienced a career-ending health related issue.

Context

While the release process is virtually the same for all service members who retire, the emphasis for this research was to examine the individual thought process of those who left the military as a direct result of a medical diagnosis that truncated further service. Given the sensitive and confidential nature of such diagnoses, careful attention was afforded to protect the identity of those participants who volunteered to be part of this study. While at no time did the researcher question any specific diagnosis, some participant Veterans felt that their health status played a central role in their narrative and, therefore, interwove pertinent details into their story. Irrespective of participant openness
surrounding their diagnosis, a clear expectation was communicated to the participants that they were neither required, nor would they be asked to disclose any personal medical information. Furthermore, there were no questions focusing on the personal details of their current state of health, save the potential impact on future employment. This approach was consistent in both semi-structured interviews and with the online questionnaire.

**Research Design**

The flexibility afforded by qualitative research best enabled a narrative approach in studying the phenomenon of being medically discharged from the regular force component of the Canadian Armed Forces (CAF). Creswell (2013) suggests that narrative inquiry is an appropriate vehicle through which individual stories can be shared, experienced, and analyzed. Additionally, the sub-culture associated with military service implicates the entirety of the service member’s family and friend support network; which, led Patton (2002) to regard narrative analysis as a valuable form of research given the overlapping and interpretive nature of qualitative research. Patton goes on to emphasize this notion by stating that “narratives offer especially translucent windows into cultural and social meanings.” (p. 116). This is of particular interest for those researching a military-linked phenomenon given the formative role that sociability, culture, and tradition figure in shaping the perspective and outlook of service members. Appreciating the latitude of expression that narrative research grants, this approach can best capture the convergence of the implications of national service, individual sacrifices, and military culture through the distinct stories of the Veterans. Phase 1, the interview phase, is contextualized through vignettes where participant narratives guide the reader through
their individual decision-making process when faced with the realization that their military career has come to an end coupled with the requirement to deal with the impact of lifelong injury, chronic diagnosis, or severe wound. This chronological account outlines individual beliefs, understanding of applicable policy and transition assistance programming, key consideration factors for adjustment to civilian life, and post-military prospects and goals. Phase 2, the online questionnaire, was designed to capture supporting data from a larger population thereby enhancing the validity of the semi-structure interviews whilst simultaneously strengthening the study’s triangulation strategy. This tandem approach to data collection added to the trustworthiness, increasing the overall credibility of the research, that in turn contributes to the validity of the results. The online questionnaire sought to inform the research through inquiries on decision-making factors, post-military identity, transition programs and policies, and personal transition preparation levels. Although three of the semi-structured interviews were yet to be completed before the distribution of the online questionnaire, the early results of interviews further informed the questionnaire strategy. The combination of semi-structure interviews and an online questionnaire addressed the following research questions:

1. What is the individual decision-making process surrounding a mandatory mid-life career change?
2. How does current policy perceive to facilitate Veteran transition?
3. What factors did participants feel influenced the second career choice?
4. What kind of identity change appeared during a transition to civilian life?
5. What support structures were identified that better enabled transition?
Ethical Considerations

This study received ethical clearance from the General Research Ethics Board (GREB) at Queen’s University in Kingston. The approval is included as Appendix G. Additionally, since participants were selected from those Veterans who are released from the CAF and are no longer subject to organizational governing policies and regulations, no Department of National Defence ethics review was required. The relationship between the exploration of a personal decision-making process surrounding a medical release, current health status, and the potential of exposing triggers that may reignite traumatic experiences was an important ethical consideration when approaching this study. With this in mind, all participants were provided with a Veterans Affairs Canada toll-free phone number that allowed for 24/7 communication with a health care professional prior to commencing data collection. This resource could be used at any time if the participant so chose. This information was provided in the letter of information and consent form (Appendix B), was part of the verbal introduction to the semi-structured interviews (Appendix C), acknowledged in the confidentiality agreement (Appendix D), and noted in the introduction page of the online questionnaire (Appendix E). Furthermore, participants were advised that given the relatively small size of the Canadian Armed Forces and the number of medically released service members, approximately 2000 Veterans annually (Department of National Defence, personal communication, 28 June, 2017), that there may be a chance of identification regardless of confidentially measures employed. To mitigate any potential identification concerns pseudonyms are used hereafter. Any data shared with my committee and inter-rater were delinked from identifying features.
Recruitment

Upon leaving the Canadian Armed Forces, the geographic disbursement of retired service members poses a recruiting challenge for researchers. Additionally, there is no central method of tracking Veterans upon release, therefore participant recruitment was facilitated through contact with former colleagues and associates of the researcher. These individuals acted as a conduit for an initial email connection (Appendix F). Thereafter, participants were selected using a purposeful sampling strategy where the “researcher reflects more on whom to sample” (Creswell, 2013, p. 155). In applying a purposeful sampling approach, the researcher has more control over the selection of those participants who will best inform the research problem. Immediate and initial responses signaled a great deal of interest in the study where over 55 participants contacted the researcher. Participants were selected based on those who met the study criteria of being medically released from the CAF within the last five years (2012 – 2017), served over 15 years, officer or non-commissioned officer, male or female, and served in any environment. The first five who both met the criteria and contacted the researcher were selected for the interview while the remainder of the participants were offered the opportunity to complete the online questionnaire. Interview participants were assigned a random pseudonym as a mitigation strategy in addressing any confidentiality issues. The pseudonyms assigned are not the participants real names.

Data Collection

Patton (2002) stresses the importance of selecting the most appropriate approach in order to synchronize the researcher’s efforts in determining “want it is you want to be able to say …at the end of the study” (p. 229). Therefore, enabling the participant to tell
his or her transition story through the use of direct and open-ended questions was intended to better inform this research. Fieldnotes that highlighted non-verbal cues, gestures, and mannerisms were taken to provide a greater level of insight when analysing the data. Additionally, participants were invited to conduct a follow-up interview as this provided an opportunity to review any transcribed information along with offering any new information after a period of self-reflection. The offer to complete the online questionnaire was sent to the email addresses provided by those volunteers who were not selected for the interviews. The questionnaire group was required to meet the same criteria as the interview cohort to ensure comparability of results and enhance the overall validity of the study.

**Phase 1 Interviews**

Interviews were arranged, and two conducted, prior to the delivery of the online questionnaire and confirmed that initial discoveries would best be supported by the pre-developed questions. A semi-structured interview guide was followed and divided the interview into three distinct stages: personal military history and experience, military identity and goals, and the medical release process. Interviews were audio-recorded, transcribed verbatim, and member-checked to better establish trustworthiness. All five interviews were conducted face-to-face in agreed upon locations throughout Southern and Eastern Ontario that provided a space to enable safe, free, and open communication. The interview participants consisted of 4 males and 1 female. This ratio matches the approximately 20% of females released annually from the CAF because of a medically related issue between 2014 and 2016 (Department of National Defence, personal communication, 13 September, 2017). Interviews took place within a five-week period.
commencing in September, 2017. Of the five interviews conducted, only one participant, Cindy, clarified a portion of the transcribed interview in relation to additional training she undertook while serving. Upon completion of the member-checking, no follow-up questions were asked by the researcher and no additional details were offered by the participants. Interview participants received a $15 gift card upon completion of the member-checking. To further mitigate the risk of participants of being identified their rank is not indicated, rather the category to which it belongs is used. Participants in the interview portion of the study fall into three formal categories: (a) Senior non-commissioned officer (Sr. NCO), sergeant to chief warrant officer, (b) junior officer (Jr. Offr), acting sub-lieutenant to captain, and (c) senior officer, major to colonel (Sr. Offr). Rank was confirmed after interview participants were selected. In turn, no junior non-commissioned members or general officers were interview participants. See Table 1 for interview participant demographics.

Table 1.

**Demographic characteristics of interview participants**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Rank</th>
<th>Environment</th>
<th>Sex</th>
<th>Years of Service</th>
<th>Deployments</th>
<th>Bases (Province)</th>
<th>Family Status</th>
<th>Post-Military Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitch</td>
<td>Sr. NCO</td>
<td>Royal Canadian Air Force (RCAF)</td>
<td>M</td>
<td>36 ½</td>
<td>Gulf War I, Expeditionary support to RCAF efforts in Afghanistan</td>
<td>Ontario, Manitoba, Nova Scotia, Germany</td>
<td>Married, 1 child</td>
<td>Working</td>
</tr>
<tr>
<td>Jake</td>
<td>Sr. NCO</td>
<td>Royal Canadian Air Force (RCAF)</td>
<td>M</td>
<td>32</td>
<td>Expeditionary support to NATO Air efforts in Afghanistan and the Mediterranean</td>
<td>Ontario, Alberta, Nova Scotia, Germany</td>
<td>Married, 2 children</td>
<td>Working towards a College diploma</td>
</tr>
</tbody>
</table>
Mitch. Mitch is a Royal Canadian Air Force Veteran who served 36 ½-years and was medically released in the spring of 2017. He is married to a Veteran, who was also medically released, and has one teenage son living at home. Mitch was a senior non-commissioned member, who saw service throughout Canada, Europe, and supported Canadian air operations in Southeast Asia and the Middle East. Immediately upon retirement, Mitch began working for the Department of National Defence (DND) as a civilian member of the Defence Team. Prior to release, he participated in the CAF VRPSM but did not conduct any retraining or educational upgrading that may have been supported through Manulife SISIP Financial or Veterans Affairs Canada career transition services and programs. Mitch did not join a Veteran’s group upon leaving the military. He retired in the geographic area of his last military posting.
**Jake.** Jake is a Royal Canadian Air Force Veteran who served 32-years and was medically released in the winter of 2017. He is married and has two young-adult children, one of which, is living at home. Jake was a senior non-commissioned member, who saw service throughout Canada, Europe, and supported Canadian contributions to NATO air efforts in Afghanistan and throughout the Mediterranean area of operations. He did not participate in the CAF-led VRPSM opportunity, but upon release Jake enrolled in a college diploma program in an Eastern Ontario College, which is sponsored by Manulife SISIP Financial. Jake continued his membership in a national Veteran’s organization upon retirement. He continues to live in the same geographic area close to his last military posting.

**Cindy.** Cindy is a Royal Canadian Navy Veteran who served 17-years and was medically released in early 2016. She is married and has a young toddler son. Cindy was a junior officer, who saw maritime service throughout the Pacific and domestic operations in support of Government of Canada initiatives. She is a graduate of the Royal Military College of Canada. As part of her re-education plan, she is pursuing a master’s degree through the CAF VRPSM and enrolled in the Manulife SISIP Financial vocational rehabilitation program. She did not join any Veteran’s group upon retirement. Cindy initially lived in a large metropolitan city, the site of her last posting, but later moved to another large city in Ontario as a result of a job offer in a field related to her military profession and post-graduate interests.

**Nick.** Nick is a Canadian Army Veteran who served 34 years and was medically released late in 2016. He had split service, meaning Nick left the regular force for a short period of time and joined the reserve force before re-enlisting for the final time in the
regular force. Nick is married with one adult child and two adult step-children. He was a senior non-commissioned member, who served in Afghanistan and multiple extended deployments to Alert, Nunavut, the most-northern permanently inhabited place in the world. Nick lived throughout Canada and in the United States. Prior to release, he participated in the VRPSM but did not enroll in any retraining or education programs that may have been potentially supported by Manulife SISIP Financial or Veterans Affairs Canada. Nick did not join a Veteran’s organization upon retirement. He continues to live in the same geographic area close to his last military posting.

**Ben.** Ben is a Canadian Army Veteran who served 21 years and was medically released in the summer of 2014. He is a graduate of the Royal Military College of Canada, the Canadian Forces College, and has a master’s degree. Ben has two teenage boys from a previous relationship and currently lives with his common-law partner who also has two teenage boys. He was a senior officer who served in Afghanistan, Africa, the Mediterranean, on humanitarian missions, as well as support to domestic operations. Further, Ben moved multiple times throughout Canada and served several years supporting the Canadian Special Operations Forces Command. Prior to release he did not participate in the VRPSM and immediately upon retirement he began working as a civilian member of the DND Defence Team. Ben did not enroll in any retraining or education programs that potentially would have been supported by Manulife SISIP Financial or Veterans Affairs Canada. Ben did not join a Veteran’s organization upon retirement. He continues to live in the same geographic area close to his last military posting.
Phase 2 Online Questionnaire

The online questionnaire, consisting of nine questions, was offered to 45 CAF Veterans who provided their contact information to the researcher. There were four Likert-type questions, two of which offered space for text amplification if desired by the participant, three demographic questions, one open-ended question, and one closed-type question. The combination and layout of questions along with participant enticement strategies that included grouping of like-questions and the use of a progress bar was used as an attempt to increase the completion rate as was suggested by Liu and Wronski (2017). It was anticipated that completing the questionnaire would take around 15-minutes per individual. The online questionnaire was built, delivered, and information recorded through the Queen’s University institutional survey tool: Qualtrics.

Questionnaire introduction was facilitated by a consent statement where the participant had to submit electronic permission followed immediately by two criteria matching questions that acted as a gateway for completion. The criteria questions ensured participants were medically released in the past five years followed by a years of service qualifying question. No participant tracking software was used during the online data collection phase.

The questionnaire was preceded by an initial contact email informing the participants that it would be open for online completion for a period of three weeks in October 2017. Prior to closing the online portal, a reminder was sent to all participants in an effort to increase response rates (Fan & Yan, 2010). Of particular note, after an email reminder the online questionnaire was left available for one additional week where six supplementary responses were captured. Of the 44 participants offered the opportunity to
complete the online questionnaire, 35 commenced the form with one individual declining during the consent stage resulting in 15 participants who answered all nine questions.

Although one participant met the years of service criterion, it would appear they did not complete the remainder of the questionnaire. In other words, 80% attempted the questionnaire with 43% of those participants completing the entire form. The participant demographics are listed in Table 2.

Table 2.

Demographic characteristics of questionnaire participants.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male: 13</th>
<th>Female: 2</th>
<th>Total – 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>Canadian Army: 9</td>
<td>Royal Canadian Navy: 2</td>
<td>Royal Canadian Air Force: 4</td>
</tr>
<tr>
<td>Years of service</td>
<td>15 – 20: 3</td>
<td>21 – 25: 3</td>
<td>26 – 30: 5</td>
</tr>
<tr>
<td>Rank at release</td>
<td>Corporal – Master Corporal: 5 (Junior non-commissioned member)</td>
<td>Sergeant – Chief Warrant Officer: 5 (Senior non-commissioned member)</td>
<td>Captain – Commander: 5 (Commissioned Officer)</td>
</tr>
</tbody>
</table>

The distribution of questionnaire respondents provided a good representative sample between three environments (Canadian Army, Royal Canadian Navy, and Royal Canadian Air Force), years of experience, and rank. There were no participants who identified themselves as serving in the Canadian Special Operations Forces Command. This sample distribution further contributes to the validity of the study.

Data Analysis

At the heart of qualitative research lies the analysis where data is turned into findings (Patton, 2002) and simultaneously with this concept being posited, it is not
supported by an accompanying model or recipe; therefore, it is the researcher who determines the direction of the analysis in concert with the supporting evidence. In doing so, qualitative research often takes varied directions based on the type of data collected, the way information was received, and how it was coded. This qualitative research was enabled using Atlas.ti, version 8.0. Atlas.ti is an online software tool that is well-suited to manage and organize large amounts of qualitative data. To code the individual interviews, open coding was used followed by grouping the data into more manageable categories, 25 in all, that were linked to the research questions. Upon completion of the first coded interview, preliminary results were discussed with a volunteer inter-rater who was not directly connected to the research. The resultant outcome of that comparison led to a similar coding process for the remainder of the interviews along with the text responses in the questionnaire thereby increasing the reliability of the findings (Creswell, 2013; Patton, 2002). Table 3 provides a summary of example codes for each interview.

Table 3.

Example interview codes and categories.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Segments quoted</th>
<th>Example Code</th>
<th>Examples of refined categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitch</td>
<td>53</td>
<td>Military occupation&lt;br&gt;Cross-Canada and international mobility&lt;br&gt;Military Spouse&lt;br&gt;Post-military opportunity</td>
<td>Post-military training&lt;br&gt;Military Association</td>
</tr>
<tr>
<td>Jake</td>
<td>62</td>
<td>International mobility&lt;br&gt;Poor leadership&lt;br&gt;Financial considerations&lt;br&gt;Transition programs – Veterans Affairs</td>
<td>Family – civilian&lt;br&gt;Financial considerations</td>
</tr>
<tr>
<td>Cindy</td>
<td>38</td>
<td>Transition program – SISIP Manulife Insurance&lt;br&gt;Family considerations</td>
<td>Family role&lt;br&gt;Post-military education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multiple military occupations</td>
<td></td>
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<td></td>
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<tr>
<td>----</td>
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<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Nick</td>
<td>48</td>
<td>Health</td>
<td>Personal morals and values</td>
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These categories were then grouped into five distinct themes; (a) decision-making considerations, (b) family, (c) leadership, (d) post-military, (e) transition programs and policy. After all data were coded, categorized, and grouped into themes, they were brought together in a cross-sectional analysis discovering commonalities, traits, and identified gaps in the transition experiences of these Canadian Armed Forces Veterans.
Chapter 4

Interview Findings

Like, I am just…success for me would be to just get out of it alive right now.

Ben, Interview participant, 2017

This study examined the individual decision-making process of Canadian Armed Forces Veterans who were forced to leave military service as a result of a medical diagnosis, injury, or severe wound that truncated further service. This chapter presents the results of the study that were discovered during five individual interviews and the following chapter will present the results of the online questionnaire. The layout of this chapter reflects the individual nature of transition by separately detailing the story of each interview participant. As a style to present narrative research, Creswell (2013) describes the use of the progressive-regressive method where the central event in one’s life is discussed through an examination of time before and after the realization that the career of the service member is ending. For each Veteran, the disorienting dilemma was the injury, wound, or diagnosis; which, led to the breach of universality of service. This study will employ aspects of a progressive-regressive style. While each transition story is fraught with challenges based on the individual post-military plan, these vignettes are deliberately presented in an increasingly complex order. The concluding section will bring together the overarching themes and commonalities of the findings. Given the diversity of interview participants, the layout of this chapter is deliberate by moving from one narrative to the next. While each Veteran transition is woven together with complexities and friction commensurate with ones’ own situation, there is a collective
recognition that their selfless service was underpinned by their contribution to an honorable organization that is valued by fellow Canadians.

While recounting the narratives of the study participants, attention is afforded as to how these Veterans addressed the following research questions:

1. What is the individual decision-making process surrounding a mandatory mid-life career change?
2. How does current policy perceive to facilitate Veteran transition?
3. What factors did participants feel influenced the second career choice?
4. What kind of identity change appeared during a transition to civilian life?
5. What support structures were identified that better enabled transition?

Data analysis, outlined in Chapter 3, provided five themes that unites the research questions, the participant narratives, and the questionnaire results. These themes include: (a) decision-making considerations, (b) family, (c) leadership, (d) post-military, (e) transition programs and policy. Further, the themes identified through data analysis are linked to gaps of knowledge highlighted in Chapter 2, the literature review; this is tied to Denzin’s (1989) use of the notion of an epiphany where “individual character is revealed as a crisis or a significant event is confronted and experienced” (p. 7). The researcher identified an epiphany in the participant narratives, mostly surrounding the end of military service, where some Veterans handled it in stride where others are continuing to deal with the impacts of their medical condition and new reality.

**Mitch: A pragmatic transition**

Mitch was a senior non-commissioned member in the Royal Canadian Air Force (RCAF) who was medically released in 2017. From the time initial contact was
established with Mitch, it was clear he was a deliberate and conscientious individual who approached activities in a thoughtful manner. This may be a product of his easy-going personality, as a result of his seeing his wife medically release from the military or because of the 36 ½ years he spent in a RCAF occupation that demanded his upmost attention. As part of his former job, Mitch stated that he understood why he could no longer perform these duties because “it is not good to have people fixing your airplane who don’t remember if they put all the parts back.” As a Veteran who lived throughout Canada and in Germany while deploying to Southeast Asia and in support of the RCAF contribution to the first Gulf War, Mitch admittedly underwent a successful transition to civilian life. He reinforced this several times during the interview by stating how happy he was to be “able to function in the [sic] society…and to provide for my family.” These two personal ambitions, although linked, appear to traverse extremes between a publicly recognizable sense of self-esteem and projecting a patriarchal sense of self-worth.

Mitch’s transformation to civilian life was preceded with a long period of mental preparation as he was previously considering a voluntary retirement, therefore his story begins in a markedly different spot from other interviewees.

**Decision-making considerations**

Mitch had some pre-release conditions met as he was intending on leaving the military in 2008 and it was during this process Mitch was made aware that he had a “medical difficulty.” His post-military path and transition decision-making process was initialized through the contemplation of a voluntary release where his sudden diagnosis altered his plan, timeline, and future perspectives. The decision to leave military service at that point was after 27 years of service, meaning he was psychologically prepared for
life after the RCAF. In fact, professional conditions were set as his final military move to a small Southeastern Ontario base was to further support his wife’s career at the expense of his own prospects. Additionally, the position Mitch occupied was open to all military occupations but located in a specialty trade school where he had “no communications background,” meaning his career would feel the impact of this positional move.

However, his newly discovered medical diagnosis altered Mitch’s decision-making process as his health constraints now became the major factor in his post-military outlook.

For Mitch, there was a direct association between his health status, decision-making process, and post-military goals. He could no longer work in his profession leaving a dramatic impact upon him:

It was profound. It was catastrophic. Umm, and it was the correct diagnosis. I have to say that, in my case, to continue in my position and job would have been dangerous for other people. Ah, so, the medical system did exactly what they should have done. Was I happy at the time? Ah, no. Were they, were they 100% correct? Yes.

Prior to receiving his diagnosis, Mitch was exceptionally qualified within his profession where his expertise spanned across the RCAF aircraft fleet, which also included internationally recognized certifications. Moreover, Mitch was part of a military trade that was awarded a higher rate of pay, specialist pay, because of the knowledge and training required to be qualified in his line of work. It is easy to recognize the effect of his diagnosis would have upon him since he “spent the first 25 years of [his] career doing
something I am no longer capable of doing.” This effected his self-worth, financial stability, and some post-military employment opportunities.

Mitch took personal ownership of his transition decision-making process where he was focused and deliberate in his planning. Throughout his preparation for leaving the RCAF, a key factor for consideration was the ability for Mitch to be a productive member of a team where he felt his contributions would impact the organization. To enable his decision-making, Mitch relied on Department of National Defence (DND) services to guide him; specifically, aids (memory devices) offered by the local Integrated Personnel Support Center (IPSC). These aids were instrumental in navigating the complexity of transition. In his words, “without those, I would not have been able to have gone back to work.” What is of particular importance is that Mitch remained posted to his unit until release but did access the services at the IPSC as was intended upon the creation of this organization (2017d).

**Family**

From the onset of Mitch’s story, it was clear that family played a central role in not only his transition, but it is what underpins many personal decisions. In referring to medically released Veterans, Mitch considered himself as one of the “very lucky people” and that was amplified when he stated that “the fact that my marriage survived, you know, I consider that a huge success.” Most likely, contributing to the longevity of his lasting marriage was the fact that Mitch witnessed his wife’s transition from the military under more adverse conditions. Through supporting his Veteran wife and learning from her experiences, Mitch was better positioned to navigate the medical release process and achieve balance at home. Given that 2000 service members release medically each year
where not all have a spouse coupled with lack of corresponding data in studies, having two Veterans release medically may be unique.

The requirement for families to be geographically mobile is omnipresent in a military marriage. Mitch and his wife moved seven times, including an international move, which translated into a physical posting every 5 ½ years over his career. These familial moves are not inclusive of the time spent away on individual training sessions or providing support to operations, rather, this snapshot sheds light on the mobility that was required for Mitch to flourish in his career while simultaneously the associated impacts are experienced by the family. Mitch and his wife have one teenaged son who lives at home. His strong connection with the RCAF and desire to establish roots in the community where he retired are noted in the selection of his words:

So, I have spent the last two-and-a-half-years becoming part of this community. I am still part of the DND family, but I am, [sic] worked very hard at becoming a part of the [local community] family as well.

In stating this, Mitch used DND, which is a reference to civilians working for the department, vice RCAF or Canadian Armed Forces (CAF). His words are quite telling of a continued desire to be recognized as part of a formal team. If he would have stated CAF or RCAF this may have been an indication that he continues to recognize uniformed service as part of his primary identity, which he did view “as a major part of who I am; 36 years is a big chunk of my personality.” Additionally, Mitch quite clearly outlines his longing to cultivate community roots where his family can finally settle with a sense of predictability as well.
Leadership

Examining the final part of Mitch’s career provides the most impactful insight on the importance of military leadership as witness through his relationship with his chain of command and subordinates. He highly valued the compassionate leadership approach of his superiors during his time of individual need. While simultaneously, Mitch treasured the personal nature of leading subordinates where some of his most cherished recollections centered on periods where he assisted more junior aviators. Recalling an incident while training an airman, Mitch, quite fondly, remarked that the “management of subordinates, I would say, has been and was the highlight of my career.” Therefore, it was no surprise that in his own time of need, Mitch gravitated towards those senior leaders in his unit who employed a similar style of personnel management.

When Mitch was diagnosed with his illness, he was able to stay in the same job for a significant amount of time. Mitch continued working in the same geographic location for “other than a period of about one month, until the day [he] retired.” Chronologically, this translated into a period of about nine years: an exceptionally long time in terms of military postings. The leadership that allowed Mitch, to both, continue in his employment along with supporting his medical requirements significantly enhanced his transition experience and achievement of post-military goals. Mitch expressed this luxury by acknowledging he was situated in “a good unit, with a good CO [commanding officer] [and] I had an excellent RSM [regimental sergeant major].” In part, Mitch felt that he “was the poster child for how this system was supposed to work.” The significance of having the commanding officer and regimental sergeant major’s support is a key contributing factor in this transition. In Mitch’s words; “like I say, I have
worked for an organization that I would never say a harsh word about.” Positive leadership significantly contributed to his self-worth.

**Post-military**

The amount of time leading up to Mitch’s medical release was capitalized upon for personal post-military gain. Mitch was unemployed for a very short period of time, one month, after he was discharged from the service. He attributed a combination of factors that allowed for the achievable pursuit of his post-release objectives, namely DND support and Veterans Affairs Canada (VAC) services. Mitch stated that “without those supports, I would not be employed.” Mitch’s retirement job with DND mirrors the responsibility he had while in uniform, so, for the most part, the training needed for this job occurred while he was still in uniform. Mitch did not join a Veterans organization or military association upon retirement.

**Transition programs and policies**

Looking back on his release, Mitch credits a few DND and VAC transition services that set the conditions for post-military success. He did not use any SISIP Manulife Financial services. In terms of time allocation, the protracted lead time to his release, Mitch was able to explore all possible avenues of employment interest for his post-military life and seek clarification as needed without experiencing any pressures related to time.

Although not an official program, rather an implied expectation in the hierarchical nature of the military, Mitch credits his immediate supervisors, the chain of command, as the origin of his successful transition. Mitch experienced transition challenges related to the Canadian Forces Health Services Group case management program. The objective of
the case managers, a “registered nurse who is part of the primary care team within the Canadian Forces Health Services” (DND, 2016a), is to assist medically releasing soldiers and these services did not meet the expectations of Mitch. During this part of the interview, Mitch, who appears to be a quiet and a deliberate individual who chooses words carefully, became more emotional as he expressed this thought:

If there was piece that was on the DND side that was not functioning well, I would say it was the case management side from the medical. That is the one piece that seemed to be a little chaotic. I didn’t need a lot from it but that is the one piece that wasn’t functioning. It was sort of hit and miss.

A clear expectation that Mitch held on to was that this program would support his transition and coordinate on his behalf with external agencies, most notably VAC. This did not occur, and Mitch was left disillusioned with the case management approach.

The main driver behind Mitch’s ability to secure employment was the Federal Public Service priority hiring program. More formally known as the Veterans Hiring Act (VHA) 2015, this legislation is designed to afford preferential hiring treatment for those Veterans who are qualified for employment in the federal public service. While the program conceptually worked as it should, Mitch found the supporting administration to be rather convoluted. The initiation of the program paperwork was described as “not user friendly” and it took Mitch many hours on the phone to rectify it. The lack of inter-governmental organization and coordination appears counter to the intent of the program leading to an increased level of frustration for Veterans. In his own words, Mitch was a high-functioning medically released Veteran without complex health issues who still experienced transition difficulties in areas that he did not anticipate.
Summarizing Mitch’s story

Immediately after completing the interview, Mitch asked if he could provide some additional comments. Those comments surrounded his diagnosis where he stated that if “somebody mentions the word ‘post-traumatic’ don’t tell them they are crazy… [it is] so, surprising how it comes back to bite.” Clearly, this closing statement was important for Mitch to share given the pregnant pause after summarizing the interview where he more deliberately and expressively choose his words when sharing this statement. After 36 ½ years in the military, working in a structured, family-like environment; it should not be rapidly overlooked that he chose to work in the same unit, with most of the same people, where his uniformed military service ended.

Jake: A pursuit of intrinsic value

Jake was a senior non-commissioned member in the Royal Canadian Air Force (RCAF) who was medically released in the winter of 2017. Jake was the final interview in this series and he approached it in a matter of fact manner providing an abundance of information on his background, personal philosophy, family, and outlook. Jake served in the RCAF for 32-years and was part of a larger military family where both his father and father-in-law served. Jake’s wife also joined for a short period of time but is not legally defined as a Veteran since she did not complete basic training. Jake and his wife have two young adult children, with one living at home. When presented with the reality of a medical release, he appeared to understand the policy but felt as though he was being discarded: “I was sidelined, mothballed I guess you would say…the release process but that was about a year and a half. An extremely [emphasis added] difficult year because I
had felt marginalized. Felt useless there.” This acrimonious tone was present throughout the sharing of his story.

Jake served throughout Canada and was stationed in Germany with his family. His operational experiences centered on expeditionary support to NATO air efforts in Afghanistan and the Mediterranean. Throughout his career, Jake and his family moved five times and retired in the city of his last military posting. In essence, Jake and his family averaged just over five years in a location before moving. Jake is pursuing a college diploma and while not complete, Jake admitted that post-military success for him as already occurred but will be even more realized when he finishes his “degree; something that nobody else in my family has.” Throughout Jake’s narrative, a dichotomy existed between the process of leaving the military coupled with a deep sense of anger and bitterness and his sedentary objectives in retirement. The start of Jake’s story is born from the treatment he received at work as a result of his injury.

**Decision-making considerations**

For Jake, there is a continuation in his mistrust of his leadership and the chain of command that he referred to since the beginning of his career. His diagnosis fueled a transformative event where it is apparent that his maturity and years of experience led Jake to take a more self-advocating role with his decision-making process. His statements became polarizing using ‘I’ and ‘them’ or ‘they’ referring to his superiors. Jake describes his return to work after a near-death experience like this:

[I] was not supposed to be doing anything for seven weeks after leaving the hospital. They [RCAF] were trying to push me back into getting into work. Back
to work! When I was young and dumb, I probably would have but, I, actually, the hackles went up, and took a stand, and said no.

At this point in his career, Jake was a senior non-commissioned member who was in a leadership position, therefore, it stands to reason that he felt comfortable enough to stand-up to his supervisors. Furthermore, his perception of distrust of the chain of command was fueled from the early stages of his career where he experienced several confrontations with superiors and the advice he received.

Some early career guidance suggested that Jake’s career would be better served if he accepted a relatively isolated posting to central Alberta. In his words, Jake frames the encounter as a career limiting choice: “I had a choice at that time. I could have gone to [Newfoundland] or [Alberta]. Everyone told me that going to [Alberta] was better for your career. I found out later that it certainly was not.” This excerpt provided insight as to why Jake’s post-military decision-making consideration moved from contributions to the greater good of an organization to increasing his own self-worth. The intrinsic value of completing a college diploma led Jake towards post-secondary education as a preferred avenue.

During his last posting and concurrent with the processing of his medical release paperwork, under a Canadian Armed Forces education reimbursement plan (2017c), Jake enrolled in undergraduate courses at the Royal Military College of Canada. In doing so, Jake felt that he needed “something to aid [his] career.” While Jake had a plan to complete as many undergraduate courses as he could prior to release, he was denied when the governing authority “said no; which, completely kyboshed the timeline for getting [a] degree.” Again, Jake faced personal disappointment that continued to inform
his decision-making process. Although not implicitly stated, it appears Jake maintained a level of cynicism for superior officers especially when an unfavourable decision was forwarded to him.

**Family**

During his interview, Jake spoke proudly and with an undertone of emotion when discussing his family. As the son of a military father, Jake has a long-standing appreciation of the balance required between service and family. In his early career, Jake was antagonized by a superior about the actions of his father when the two worked together. Jake described this aggressive encounter in very colourful language where his superior exclaimed; “That fucker [Jake’s father] ruined my career. Sent me on a coffee course [slang for an alcohol addiction course]. Fucking ruined my career!” I knew from that point on it [the working relationship] was just going to go downhill, as it did.” Given the passion with which Jake spoke of his immediate family, it was clear as to why family considerations during transition were important for him. During his posting to Germany, Jake’s son remained in Canada because of university enrollment and Jake expressed remorse for not providing his son more financial support at this time. His son is now living at home, enrolled in the same college program as Jake where this provides an opportunity to help “him with his college work.” This opportunity allows Jake to atone for previous times he felt he disappointed his son. These actions fill him with a sense of pride and accomplishment.

Jake volunteered for his final posting in a small Eastern Ontario city as he felt it provided his family a good quality of life. Jake stated that this location is where “my wife and I always felt at home. This is where we always wanted to retire.” The familial
support structure, in a desirable geographic area, provided key emotional support during his release. The residual anger and resentment Jake openly displayed towards the military was counter-balanced when discussing the geographic proximity to his children and social experiences shared with his wife.

**Leadership**

Jake maintained a strained relationship with those in military leadership positions with the negative interactions playing a central role in his narrative. From the onset of basic training to his medical release, Jake continued to be overly focused on the negative aspects even in the face of receiving personal recognition for his work. When being promoted higher in rank, Jake described this move in a pessimistic tone; “after 11 years there I was finally, finally promoted to Master-Corporal” and again with his next promotion, “I eventually was promoted to Sergeant, umm, only because I took my career back in my hands.” When he reached his terminal rank, Jake described it a resigned manner saying that he “became an Air Maintenance Superintendent. Basically, you push paper.” As Jake reflected on his promotions, his word selection never clearly indicated a level of personal satisfaction rather there appeared to be an expectation that advancements would occur more rapidly. Navigating the medical release process that is fraught with complexities and easily misunderstood concepts, approaching this challenging period with an overt amount of skepticism that has built up over his career appeared to be detrimental for Jake.

During the lead-up to Jake’s departure from the military, a great deal of dissatisfaction came from the linkages surrounding the understanding and application of policy and those making organizational decisions. For Jake, unfavorable decisions
translated into superiors exercising poor leadership. This manifested itself several times but rather notably when he described the allocation of financial resources of a rehabilitation program: Soldier On. Soldier On provides grants and opportunities for ill and injured members to assist in physical and psychological recovery through sport. When Jake applied for sponsorship, he openly questioned the apportionment of funds as it related to rank. In describing what a senior officer colleague received, he stated that “when he retired, a kayak is about $3500, and they paid for almost all of his kayak. They gave me a $1000… or it is a rank-based thing?” Further insight on how Jake remained skeptical of hierarchical authority.

A universal truth about military service is that one’s occupation is highly structured and further bounded by the customs and traditions of each service. For Jake, service in the RCAF was punctuated by a great deal of responsibility and relative autonomy. Jake’s early career as an integrated systems and avionics technician meant that while working in a specialized and structured team, he had a sense of individuality when contributing to the operational readiness of an aircraft. When Jake was promoted into supervisory roles that distanced his work from the flying crews, he found a way to continue to insert himself into the supporting structure of air and ground crew. Upon realizing his career was coming to an end because of his persistent health issues, the structure that Jake felt so familiar with began to erode leaving him with feelings of being “sidelined,” “mothballed,” “marginalized,” and “useless.” Jake expected his supervisors would continue to value his contributions and when this did not occur, the work environment had adverse effect on his sense of self-worth.
Post-military

Not unsurprisingly and given the nature of the individual work Jake undertook in the RCAF, his primary post-military training was geared towards transport truck driving. The ability to work as an independent member of a larger organization has parallels to his previous employment. After a short period of training and due to health reasons related to his medical release, he realized this would not be sustainable. Jake’s second post-military objective was enrollment in a college diploma program that provided an intrinsic reward. In turn, Jake described his initial decision of going to college in pragmatic terms: “I decided I wanted to go back and get a degree so that I could get a job once I got out.”

In providing the evidence as to why the completion of this program would benefit Jake, his descriptions surrounded the paternal leadership role he has in his family, analogous to the role he occupied as a senior non-commissioned member.

Jake was one of the few Veterans, interview or questionnaire participants, who was an active member of a Veterans organization or association. There is a paradox that exists between the disharmony in Jake’s relationship with military superiors and the social enjoyment of being surrounded by other Veterans. Within Veterans groups, there is often a sense of belonging, shared experiences, and camaraderie that Jake may have missed. While Jake holds associate memberships with three different organizations, he stated that he “don’t even[sic] want to maintain a connection” with those in uniform, further complicating his relationship with military service.

Transition programs and policies

To better understand Jake’s frustration and decision-making process, it is incumbent to revisit his injury that occurred while stationed in Germany and how his
medical limitations were addressed from the onset. Given the geographic displacement from the full swath of Canadian medical support, Jake’s RCAF employment in Europe offered only basic administrative support given the operational focus of the organization, and not structured for dealing with the potential of a complex medical release, he wanted to delay any associated administration until his return to Canada. Jake felt he was being honest and forthcoming when approaching Canadian officials overseas stating that he was “going home in a year [so] can we just delay it [medical release decision and administration] and I give you my word when we get back I will start the process.”

While this delay was the agreed upon, this was not the norm. The Canadian Armed Forces has an obligation to both the member, “soldier first” (Department of National Defence, 2015), and the Canadian public in protecting service members, therefore employment decisions related to ill and injured soldiers are assessed using a risk matrix that may impact individual careers (2016) and not left to the service member’s own discretion. The delay in allowing this full review procedure to be launched directly contributed to Jake’s post-military decision-making process.

Jake enrolled in the Manulife SISIP Financial rehabilitation program where the completion of a college diploma is fully sponsored. Although Jake’s first choice was not achievable given his health limitations, the flexibility afforded through SISIP programming allowed the pursuit of his diploma. He stated that “SISIP was there for me from day one. Veterans Affairs, I am still having problems with Veterans Affairs and I have been out for over six months now.” Given the severe nature of his injury, Jake has a regular need for interaction with Veterans Affairs. While the intent is not to have duplication of services between SISIP and VAC, there are programs and services that
Jake can use between the two agencies. Jake described in a great level of detail how he waited over a year to receive resolution on an issue stating that it had a “big economic impact on the family.” He continues to seek positive outcomes on a number of other initiatives he has forwarded to VAC.

**Summarizing Jake’s story**

Jake’s narrative was filled with a sense of bitterness that seemed to emanate from a lack of trust in the military chain of command and civilian authorities he has petitioned. Jake’s career came to an unexpected halt after 32 years of service and not finishing on his terms has produced a sense of loss that he continues to mourn. On describing his final days in his unit, Jake’s description is very telling; he was “left out of any projects…ah, it was, disheartening.” For Jake, who came from a proud military family with an enthusiastic start to his career many years before, the end of his service will trouble him for some time to come.

**Cindy: Sailing towards the future**

Cindy is a 17-year Veteran of the Royal Canadian Navy (RCN) who was medically released in January 2016. She is a graduate of the Royal Military College of Canada and held the rank of Lieutenant – Navy (Lt(N)). As a naval officer, Cindy lived and trained on both the Pacific and Atlantic coast and was posted to two major metropolitan cities after she changed occupations. Cindy deployed on maritime operations around the Pacific Rim and provided specialized support to senior military leaders during the 2010 G8 Summit. She is married with one toddler son, lives in a large urban city, and is pursuing a master’s degree. Cindy was an eager study participant who approached her interview with a great sense of calm and forthrightness. She had an
infectious and positive outlook towards transition, suggesting that Veterans should “see it [transition] as maybe an opportunity as opposed to a negative.” It is this kind of attitude and approach that is certainly contributing to the productive direction of her transition. For Cindy’s story, it is important to begin at the point of her diagnosis.

**Decision-making considerations**

The way Cindy was diagnosed and how the early stages of her illness were handled is not consistent with policies governing CAF service members and this may have directly contributed to Cindy’s outlook and transition. In turn, Cindy may have had an advantage in terms of medical release preparation time to fully formulate her post-military decision-making criteria. Commenting that she was “actually diagnosed for years before I even said anything. So, it was, it is one of those things that is not immediately apparent, so, now it requires that I take medication, which breaches universality of service.” Her illness was identified by a civilian doctor and there was no communication with Canadian Forces Health Services Group authorities, which resulted in Cindy and her civilian practitioner being aware but not the military. A gap in time was created between the civilian physician and the military doctor’s diagnosis. The author did not probe the specifics of this arrangement given as it relates to Cindy’s personal medical diagnosis. It should be noted that CAF policy governs the withholding medical employment limitations and service members are subject to policies as articulated in Defence Administrative Orders and Directives (DAOD), specifically, *DAOD-5009-0, Personnel Readiness* (Department of National Defence, 2017a). This gap provided Cindy time to plan for her next stage in life.
Prior to release, Cindy enrolled in the Canadian Armed Forces program, VRPSM, that enabled her to pursue full-time post-graduate education whilst receiving full salary and benefits for a period of six-months. In talking about educational upgrading, Cindy strongly suggests others to: “Take advantage of the programs. Primarily, the VRPSM because it gives you time to sort things out, to figure out what it is you want to do. To figure out where you want to go and what you have to do to get there.” While the tone may appear to be rather matter of fact and exploitive, the advice is intended to illustrate the lack of time some Veterans are faced with when presented with an unexpected cessation to their careers. Cindy used this time to research, enroll, and begin a degree that will better enable her post-military success.

**Family**

As Cindy began to describe the family situation, she asked for her final posting to be in the same geographic location as her partner. Quite simply, she “wanted to be in the same city as him.” This request occurred shortly before the military was made aware of the medical diagnosis that would lead to her eventual release. Shortly after her move, Cindy was married and had a child. Although her family grew simultaneous with her medical release, she found that her established familial role was not altered significantly: Cindy stated that there was a “slight change but I would not say there was a drastic change. So really, very little change.” This is a result of the simultaneous intersection of her young family and terminating career where Cindy expressed that she had time to adjust and prepare for the subsequent steps. When Cindy went back to work after her maternity leave her “immediate family had in mind that [she] was not going to be at work for long.” While she was still in the military, Cindy neither faced any prolonged training
or operational requirements nor was she confronted with family separation challenges as a result of military requirements.

**Leadership**

Cindy is a goal-oriented individual who understands that leadership is a human endeavor that is easily impacted through the actions of others. In her first military occupation as a naval officer she was often in charge of sailors and responsible to the Ships’ Captain to preform stressful duties where she commented that her approach was an appropriate balance between participative and authoritative leadership. Cindy felt that her time in the RCN “taught [her], just, discipline. So…how to be focused on a task.” This tactic carried over to her transition planning where Cindy remained focused in the research and application of programs available to her that would allow for the timely accomplishment of her goal.

Cindy later changed military occupations moving to public affairs officer where she went from being a member of a ships’ crew to “work[ing] with teams but in a much smaller context, maybe a team of one, two, three.” Moreover, the change in occupation signaled that Cindy became a specialist advisor to military commanders or a headquarters. In essence, this move flattened her chain of command thereby reducing the potential for friction when she started the administrative process surrounding a medical release.

**Post-military**

Prior to her release, Cindy enrolled in the CAF VRPSM that allowed her to commence graduate school six months prior to the official release date. Cindy’s post-military planning seemed to have additional emphasis placed on her financial security.
Cindy stated that the VRSPM “was a huge help because I took advantage of that six-month buffer that they give you.” Additionally, Cindy coupled the VRSPM with the SISIP Manulife Financial long-term disability program where her education goal is the completion of a post-graduate degree. The financial support afforded through the combination of CAF and SISIP programing enabled Cindy’s post-military goal while concurrently contributing to the financial stability of her family.

Interlaced throughout her story is the role positivity plays in transition. Cindy’s post-military success is not tied to one identifiable factor, rather, it will be realized through the combination of family support, education, financial security, and attitude. Cindy’s attitude was to see “it [transition] as maybe an opportunity as opposed to a negative.” She described a secondary career path that is empowered by positivity that continues to evolve past the transformative event of being medically released.

Cindy did not join a Veterans group or military association upon release. While she felt that “it [maintaining a military connection] is important to me but it is one of the things I don’t do. So, I, I find I have been swept up in moving on.” With her post-military goal established, timelines and competing priorities have taken precedence.

**Transition programs and policies**

Cindy experienced some personal frustration and temporary distress when dealing with individuals in the Canadian Forces Health Services Group case management program. A few short weeks after delivering her baby, Cindy was informed of her medical release decision and date. While there may never be an opportune time to relay such news, she found this passage of information to be quite “shocking” considering that previous meetings with the case management team indicated that medical release
paperwork would never be discussed during maternity leave. Additionally, Cindy described that the amount of program and services available to medically releasing service members as “overkill.” She considers herself as a “high functioning medical release so if I was actually injured in a sense, trying to deal with an acute injury, I don’t know how, I might not be able to cope with all of these things being thrown at me.”

These comments highlight a lack of coordination of services and the fact that a medical release, while there are service providers, relies heavily on the initiative and ability of the releasing member to synchronize available transition programs and services.

Cindy primarily relied on two programs during her transition: VRPSM and SISIP long-term disability program. These services allowed for uninterrupted financial support, full academic sponsorship, and a number of stipends that permitted focus to remain on her studies. These factors were of primary importance for Cindy.

**Summarizing Cindy’s story**

Cindy’s story is highlighted by the fact she was aware of her diagnosis well-before the military thereby preparing her for the likelihood of a medical release. This additional time allowed her transition decision-making cycle to slow thereby providing a period of self-reflection. Further punctuated by a positive attitude that better resisted negative outcomes, Cindy was able to clearly define a transition strategy and use nested transition services to her benefit. In a follow-up conversation with Cindy, it was revealed that she was offered a job in the federal public service in a field commensurate with her post-graduate interest and her previous military occupation.
Nick: Northern exposure

Nick is a Canadian Army (CA) Veteran who served 34-years in both the regular and reserve force. At the time of his retirement, he was a senior non-commissioned member. Nick was medically released in 2016 and retired in a small Eastern Ontario town near his final military posting. Nick’s fiery, pleasant, and overtly open personality was ever-present during the re-telling of his transition narrative. His story is deeply personal where his diagnosis and previous addiction play a dominant role, and yet despite all his continued challenges, Nick affirms that he “had a very successful transition.” Nick was operationally deployed to Afghanistan and he completed three tours in Canadian Forces Station Alert, Nunavut; the world’s most northerly permanently inhabited place. During his service, Nick was posted six times, including an international move. Nick has been married to his second wife for 11 years with whom he co-parents two adult step-children. Nick has one adult daughter from his first marriage. His journey is punctuated with episodes of addiction and despair but through his volunteer work and positive personal outlook, Nick maintains the balance required to deal with his chronic health issues. Nick is semi-retired, owning a small number of rental properties, and is not pursuing any re-training or education offered through various transition programs. To understand Nick’s story, it is best to begin during his dark days where he first started to battle addiction and the impact this had on his personal and professional life.

Decision-making considerations

Nick faced two chronic health issues that he immediately shared since he felt that it was essential to understand this background before he presented his transition story. On his first deployment to Northern Canada in 1984, Nick began to consume alcohol at
alarming rate stating, “that’s all I did every day, was drink a lot.” The isolation of living in Alert for a period of eight months contributed to Nick’s drinking problem that continued for another three years until he attended a residential treatment program in 1987. During this tumultuous time, Nick married his first wife, worked a second job, and participated in a number of prolonged Cold War exercises throughout Canada. Looking back on his early career, Nick credits these struggles with building resilience and fostering coping strategies that allowed him to face the challenges created by the diagnosis of post-traumatic stress syndrome. Nick repeatedly asserted that he is “a recovering alcoholic and I have not drank [sic] since 1987 and I also…have effects from Afghanistan.” This context in Nick’s story frames how he approached his personal decision-making process.

Upon receiving formal notification that Nick would be medically released from the CAF, he approached transition in a rational and realistic manner. Nick participated in the CAF return to work (RTW) program, which is a rehabilitation program designed to assist service members with easing back into work through adaptive scheduling and a work placement (Department of National Defence, 2017g). However, Nick’s decision-making cycle was predicated through expressions such as these: “I don’t think there was any other option that would have been good for me to stay in” and “I cannot function well in a uniformed environment anymore.” Nick’s decision-making process was condition based with the intention of serving until he met a certain milestone: 34 years of service. Nick appeared to be resigned to the fact that his future employment would be impacted expressing that he does not think he could manage “full-time employment,”
therefore, he began to explore options that suited his personality, experience, and limitations.

In the last few months of service, Nick enrolled in addiction counselling courses that would enable him to volunteer with people who faced similar challenges. To this point, Nick was sober for 30 years and has faced adversity related to expeditionary military service. Primary considerations for Nick surrounded helping individuals in need, contributing to the betterment of his local community, and achieving a sense of pride and accomplishment.

Family

Nick relied heavily on the support structure created through his family, primarily his wife of 11 years. With awe and appreciation, he spoke of his wife and the sense of stability she provided for him. As part of his farewell ceremony to military service, Nick opted to have his wife narrate the occasion based on the fact she “observed in my behaviours over the years.” The trust and care for his wife, was on open display as she interrupted the interview to remind him of pending appointments. The way Nick communicated and addressed her concerns reflected his admiration and contributed to a sense of personal peace and calm. Nick’s role in the family did not change as a result of his medical release, in part due to the age of his children and the fact he established a post-military routine whilst working in the RTW program.

Leadership

From the onset of Nick’s narrative, he continued to espouse his personal morals and beliefs, especially in relation to what he considered strong and positive leadership. From the beginning of his career, Nick felt he was exposed to toxic environment where
there “was a lot of abuse of authority occurring… [and] it was just best to keep your mouth shut.” Nick’s occupation as a communication researcher, with part of the job description that includes intercepting and analyzing foreign electronic transmissions (Department of National Defence, 2017e), meant that he was often working in smaller teams in isolated locations, therefore subject to increased job-related stress where transgressions in leadership styles could have an immediate and lasting impact on subordinates. Nick continues to harbour much resentment towards superiors:

>[It] is very apparent and I think a lot of my problems, ah, was the very poor leadership that I saw by the officer corps at the end of my career. That, they, there is no leadership anymore. They are too busy with their emails or in their office and not looking out.

While Nick was being medically released, he continued to offer guidance and leadership to his subordinates, but he felt that he was not being taken care of by his superiors.

Nick felt that the perception of failing leadership extends beyond his immediate chain of command and has permeated other aspect of the military. During a pivotal moment in Nick’s health care administration, he was advised by a civilian contracted nurse that he was going to be placed on ‘permanent category’ (a medical designation used by the Canadian Armed Forces). This type of sensitive and career impacting information should be given by a medical doctor. When asked how he reacted to this news, Nick said that “if I had been an unstable individual I betcha [sic] I would have gone home and committed suicide.” Additionally, during his CAF departure ceremony Nick described the disappointment felt in the leadership of his occupation, stating that “nobody from my
trade attended at all.” After 34 years of service, he felt that attendance of senior members would have demonstrated aspects of proper leadership.

**Post-military**

Nick’s post-military goals were directly impacted by his health; therefore, his objectives were community oriented with a great deal of emphasis placed on volunteerism. Nick stated that he wanted to keep active, get out into the community, and ultimately feel useful. As he described these goals, his body language changed, a smile emerged across his face, and his voice raced in an anticipation of sharing this part of his story. While not directly quantifiable, Nick appeared to be content with this new-found purpose: a purpose that provided him with a sense of self-worth and meaning. This individual approach was reinforced throughout his narrative with his desire to be “part of the solution and not part of the problem.” Nick coupled his personal mantra with his training as a “drug and alcohol prevention worker… [and] life addiction coach” as a volunteer assisting federal inmates in battling addictions.

Nick’s military training made him highly qualified for work in other government departments and industry; however, this type of employment no longer appealed to him. Primarily, due to the location of most of these jobs, Ottawa, he felt that this is the “last place [he] ever want to live.” This lack of geographic flexibility is derived from his two military postings in Ottawa and life in a large urban city. His retirement in a small town facilitated a desired connection with the community thereby making it easier to be involved at a level commensurate with his abilities and interest. Although he periodically works with the local branch of the Royal Canadian Legion, Nick did not join a Veteran’s organization or military association as he finds that Veteran gathering halls are places
where there are “mostly civilians who never were in the military [are members] and it is a cheap place to have a drink.” Given his continued sobriety this is not surprising. During the interview, Nick wore a military inspired t-shirt and both of his vehicles have provincial ‘Veterans’ license plates further demonstrating the pride he has in his CA service.

**Transition programs and policies**

Nick’s approach and the use of transition programs was centered upon maintaining a level of physical activity as allowed by his health concurrent with providing him an increased sense of self-worth. During the medical release administration, Nick used the return to work program and, in his words, “was the first person, first ever person, that was, ah, put there, at the MFRC [military family resource center] and they treated me amazingly.” Working in a non-profit organization whose mission is to assist military members and their families was closely related to his own post-military goals. This period of transition allowed Nick to achieve a balance of work and rehabilitation that would ease the pace of his transition. Nick capitalized on the time afforded through the RTW to acclimatize to civilian life. This was partly achieved through wearing civilian clothing in his workplace vice a uniform during his final few months, gaining exposure to working in a civilian organization, and by getting accustomed to the expectations associated with a line of work that is designed to help others. The cumulative personal effect of this arrangement led Nick to say that his “transition was very, very good.”

Nick relied heavily on the services provided by the local Integrated Personnel Support Center (IPSC), who are assigned the task of aiding in the soldier-to-civilian
transition, where the care he received was instrumental in setting the conditions for post-military success. He asserted the IPSC “was amazing, they totally treated me fabulous [sic].” Without the aid provided, Nick would not have been able to complete his addiction certification course paperwork, been exposed to the RTW opportunity, and have the information supplied by the release section (those CAF members charged with administering all releases) verified. Additionally, Nick credits the one-on-one service he received from Veterans Affairs that ensured his paperwork was completed on time and in the right order, which resulted in the timely provision of services. Once released from the military, Nick attended a Soldier On sponsored event that contributed to psychological recovery by connecting with other ill and injured CAF service members. Although member initiated, Nick was able to access transition services and programs from multiple agencies.

**Summarizing Nick’s story**

Nick claims his transition was successful, in part, due to his positive outlook and early struggles with alcohol. As he battled PTSD and in concert with his health care providers, Nick relied on some previously acquired addiction strategies to cope. Nick’s desire is to assist other vulnerable populations in their personal fight against drug and alcohol dependence was punctuated by his outspoken, frank, and honest delivery. Nick described himself as the “kind of person that was firm but fair with my people…and always promoted their well-being.” He has carried this selfless approach forward in his transition.

At the end of his story, Nick brought the author across the street from the interview location to a community garden where a granite Veteran’s plaque was the focal
point. This memorial garden is dedicated to ‘Afghan Vets and their families.’ After an emotionally-charged conversation about the plaque, it became clear that this memorial initiative was spearheaded by Nick where he solicited the cooperation of local civic leaders, the greater community, and the local Royal Canadian Legion branch. When showing off this plaque and garden, he spoke with great sense of pride and passion.

**Ben: Hidden agenda**

Ben, a former serving senior officer, is a 21-year Canadian Army Veteran who possesses domestic and expeditionary operational experience that spans four continents in a variety of roles. When medically released from the Canadian Armed Forces, Ben held the rank of a senior officer and was living in a large metropolitan city; the final of 11 moves during his career. Ben is a divorced father of two teenage boys and is living with his new partner of four years. She is also the parent of two teenage boys and together they co-parent the four children in an area close to Ben’s last military posting. Ben is a graduate of the Royal Military College of Canada and the Canadian Forces College. He also earned Master of Arts degree in history.

Ben’s interview was punctuated by the recurring theme of deceit and anger towards the institution he served. He was open about his medical diagnosis, an operational stress injury (OSI), during the interview, with his superiors and subordinates throughout his career, and his family. Ben did not shy away from the implications of his mental health challenges, rather he treated it in the same fashion as anyone would with a visible injury. When Ben reached the pinnacle of his career, the commanding officer of a high-readiness unit, he was made aware that a medical review of his personnel file had been initiated for reasons unknown to him. Ben stated that “whatever happened in the
background to necessitate them reviewing my file happened.” The resultant decision was that he would be medically released, which led Ben to state this about his command: “that was the best it could ever get. And it was stolen from me!” Not only was the administrative review unexpected, the undesirable outcome proved to be “overwhelming…what am I going to do with my life?” An established leader, Ben now faced a battle for which he was unprepared and most certainly, which he did not welcome. To begin Ben’s story, it is crucial to recognize how he described post-military success: “Like, I am just…success for me would be to just get out of it alive right now.” The morbid finality of this outcome illustrates what military service meant to Ben.

**Decision-making considerations**

Ben’s decision-making cycle was truncated despite the time between the initial diagnosis of his OSI and receiving the career limiting medical decision that was forwarded to him after 10 later. Ben’s was treating his OSI and “had no idea that [he] would get a medical release,” therefore, this decision came as quite a shock to him given that CAF policy has allowance for continued service regardless of medical diagnosis under certain conditions. His medical file was handled in a non-traditional manner, one that did not produce any medical pre-release indicators; there was no lead-up time that would have triggered an actionable post-military decision-making cycle. When presented with this career-ending information, Ben immediately focused on finding a sustainable source of income; a decision he would later come to question. For a brief period, he considered enrolling in a Bachelor of Education program but given the reduction in pay and benefits he decided this option was not financially achievable even with fiscal assistance from CAF, SISIP and VAC transition services.
Ben’s desire to immediately find employment upon release led him to work in the federal public service as a civilian member in the Department of National Defence. As he noted: “I was in scramble mode. The bills needed to be paid and I really wish now that I made a different decision, but I was panicked and needed to have security right then and right there. So, I took the job I took.” Throughout the interview, Ben often circled back to this decision and revisited the missed opportunity of potentially exploring educational upgrading options or other transition services. His closing comments underscore this disappointment by expressing, “I am stuck in a job that I don’t like but it pays the bills.” Although Ben has been out of uniform for three years, the rapidity of his decision-making cycle continues to impact the present and shape his future given that the timeline to access transition services has lapsed.

Family

Ben’s transition story touches three distinct parts of his immediate family: his ex-wife, his current partner, and four teenaged boys. When he was diagnosed with an OSI, Ben’s first marriage began to dissolve and after a long separation they divorced. Throughout his narrative, Ben spoke with great reverence while crediting his first wife, also a serving member of the CAF, with making the tough decision of taking the decisive step in ending the relationship: “She cut me loose and God love her for doing that, because it set me on the right path.” Admittedly, Ben struggled for two years after this separation but during that time he was able to get personally and professionally on back on track to the point where he deployed twice to the Mediterranean, he was promoted again, and was selected to command a high-readiness unit. All indications led Ben to believe that the CAF was confident that he could lead soldiers and effectively operate
despite his diagnosis. Additionally, Ben met his new partner and began to cultivate a new relationship.

Ben’s sense of family responsibility was closely tied to any decisions he considered. In retrospect, Ben stated that he “I choose the job over school. To me losing 25% of my pay with four teenager kids was…I wasn’t sure I could keep the lights on.” Reinforcing this commitment to his family is his willingness to be part of his teenagers’ lives by being a volunteer coach. Ben implied that all three parts of his personal life contributed to his ability to deal with the OSI and eventual medical release from the CAF.

**Leadership**

Much of Ben’s bitterness, disappointment, and anger around his medical release is focused on the senior leadership of his own CA branch. When presented with the finality of the employment decision, Ben looked towards his superiors for counsel and assistance where he pointed out that it was “a sig [signals] guy, an infantry guy, an infantry guy, and an air force, umm, pilot, who were all there for me. Backed me up. Helped me out.” None of these professions belong to the same occupation as Ben so even though he considered filing a redress of grievance, he felt he was “already toast.” In other words, without the support of someone within his branch, Ben calculated his options and concluded that it was better to accept the medical release from the military than to fight the decision and have no support from his own branch. Although Ben tried to resolve his medical status by contacting several officers with the authority to do so, he eventually realized that he would longer deploy or command soldiers in a meaningful manner, therefore he “let it [medical release] happen.” This dejected tone frames much of Ben’s anger towards some of his former superiors.
In conjunction with his annoyance towards some in his occupation, at the core of Ben’s disappointment with CAF leadership is the way in which the medical review process unfolded. Ben’s feels that the lack of transparency and member input negatively impacted his career and future potential. When hearing about the medical decision, he was very blunt with his emotions, expressing that “[he] was furious”, which led to him questioning many of his previously held beliefs. For Ben, the collaborative decision reached between those recommending a medical release and career management personnel was not substantiated. Having passed multiple medical screenings for expeditionary deployments, he felt blindsided by the lack of open and honest leadership. This contributed to his sense of isolation and feeling overwhelmed while navigating the medical release process.

Ben did witness positive leadership while dealing with his medical release. He praises the advice and counsel of many officers and support from those former subordinates who he could rely upon during his transition. Ben was a member of the CA but also served within the Canadian Special Operations Command (CANSOFCOM) and Canadian Forces Health Services Group (CF H Svcs Gp) where he called upon these connections to facilitate his final posting and future civilian employment. He praised several of the senior leaders in these organizations with getting him “to where [he] needed to go.” This meant both geographically and emotionally. When going through the actual release process, Ben commented on more than a few occasions where he noted the positive leadership abilities of more junior soldiers. From returning individual equipment to conducting release paperwork, Ben was quick to acknowledge the initiative of those of helped him.
Post-military

Ben did not clearly identify any post-military goals that he felt could be achieved simultaneous with establishing financial security for his family. When searching for employment, Ben’s considerations remained close to the structure and environment that he was familiar with, DND. He appreciated that it was “inside the house that gave me an opportunity,” a reference to working for DND. As Ben expressed this decision, it appeared that this type of employment contributes to his spiritual wellbeing:

Had I gone to Ottawa U[iversity], become a teacher and done that thing [sic], I think I would have been…by working in the military, that, that disappointment with the way things went down I have been able to swallow that pill. I don’t think I would have swallowed that pill if I had gone outside the house.

What is not said in this description is equally as telling as what is expressed. There appears to be a sense of calm and familiarity with working in a structured environment, albeit as a civilian, that is beneficial for Ben’s future success.

Although Ben did not join any formal Veteran’s organization, he continues to maintain informal associations with still serving members and other retired members. With pride and enthusiasm Ben said that he “maintains a connection with the RCR [The Royal Canadian Regiment, an infantry regiment] guys. Umm, [and] definitely with the SOF [special operations forces] guys.” Additionally, Ben commented on his desire to build a stronger relationship within the community he lives as a member of a well-known civic organization: The Masons.
**Transition programs and policies**

Ben’s transition preparation time was short, chaotic, and described as overwhelming. When questioned about the types of programs and services he relied upon most during transition, the answer was quite unexpected: “There was nothing.” Ben goes on to describe only one program and service, of the 35 offered through DND or VAC (Veterans Ombudsman, 2016), that aided in his transition. This was the CF H Svcs Gp case management program that guided him through the medical release process by answering many questions and addressing concerns. Ben did highlight the positive relationship he has with VAC but compartmentalized, temporally, these services in relation to his diagnosis of an OSI in 2004. He stated that if he called upon VAC for transition assistance, he felt that organization would offer help, but he did not call on any external DND agency.

**Summarizing Ben’s story**

When speaking with Ben, one gets a sense of disappointment and sadness. These emotions are directed towards the individuals he feels were not transparent in relation to how his medical diagnosis and subsequent administrative review was handled. Holding high praise for leaders outside of his branch, Ben’s feels his career was cut short, especially as his medical release occurred at the height of the institutional recognition of his professional competence. Ben continues to offer advice to those service members contemplating a voluntary release and facing a medical one in the spirit of trying to control panic in an attempt to illuminate the possibilities that exist and to encourage a deliberate individual decision-making process. Ben declared that “you make bad decisions when you panic and having the rug pulled out from you when this is your
whole life is…panic.” Since Ben returned to work within DND immediately following his medical release, there has been little time to fully process what happened and chart a more fulfilling path ahead.

Summary

Chapter four presented the stories of five Canadian Armed Forces Veterans who were medically released within the past five years. The participants come from a diverse background in terms of military environment, operational experience, education, sex, family make-up, and post-military objectives yet their stories share commonalities and complexities. The five themes that emerged were: decision-making considerations, family, leadership, post-military, and transition programs and policy. In terms of decision-making considerations, the narratives indicated that ample preparation time allows for a comprehensive transition plan to be researched, developed, and implemented. Each participant articulated the importance of an emotional support structure, most notably a reliance on immediate family that assisted with the psychological distress created by a medical transition. A couple of participants highlight the impact of positive leadership during their diagnosis and medical release administration. The role that the chain of command has during this complex time should not be underestimated. Conversely, a pair of interviewees expressed concern with how they were treated by those in leadership positions that resulted in a negative impact on their self-worth. Each participant’s post-military goal is different, ranging from retraining and pursuing higher education to seeking immediate employment to establishing roots in the community. The individuality of post-military objectives underscores the need of a personalized and comprehensive approach to transition. The
spate of transition programs and understanding of applicable policies is confusing and not
easily navigable while simultaneously dealing with a career-ending medical issue. Each
participant experienced a wide range of emotions ranging from acceptance to anguish
because of their curtailed military service.
Chapter 5

Online Questionnaire Findings

Transition to civilian life is incomplete as I have been unable to secure employment.

Questionnaire participant, 2017

The transition questionnaire, phase 2 of data collection, was distributed to 45 CAF Veterans who provided their contact information to the researcher with data received from 35 ex-service members. Of the 35 who started the survey, 15 met the study criteria and completed the majority of the questionnaire, save a few omissions in the demographic section. This questionnaire was introduced to this study to increase the trustworthiness and validity of the results; therefore, questions were designed to further support research questions focusing on decision-making factors, post-military identity, transition programs and policies satisfaction, and individual transition preparation levels. These findings are presented in a similar style as the semi-structured interviews in Chapter 4.

Participant demographics

To gauge the distribution of questionnaire participants several demographic questions were asked about military background, experience, and sex. All 15 participants were medically released from the Canadian Armed Forces within the past five years. Length of service ranged from 15 to 30 plus years: (a) 15 – 20: 3, (b) 21 – 25: 2, (c) 26 – 30: 3, and (d) 30+: 4. While 16 participants met the criteria, one Veteran stopped contributing after this question. Participants served in the three main elements of the military: (a) Canadian Army – 9, (b) Royal Canadian Navy – 2, and (c) Royal Canadian Air Force – 4. Of the 15 participants who responded to the sex identification question, 13
were male and two were female. This ratio is lower than the Department of National Defence findings on medical release by sex where approximately 20% annually are female (Department of National Defence, personal communication, 28 June, 2017).

Rank on release provides an indication of experience and a snapshot of professional responsibility where the questionnaire participants range was quite substantial. Figure 1 presents the distribution of rank from junior non-commissioned member (corporal) to senior officer (commander). The rank at release highlighted in Figure 1 reflect those of the online participants. There is a mix of RCN, CA, and RCAF ranks.

Figure 1.

*Participant rank and quantity*

The distribution of rank includes participants from the three distinct groupings used in the CAF: junior non-commissioned member, senior non-commissioned member, and commissioned officer. While there are a few exceptions, it is a reasonable assumption
that non-commissioned members do not have an undergraduate degree whereas commissioned officers have graduated from university.

**Decision-making considerations**

Online participants were asked three questions related to the individual decision-making process surrounding a mandatory mid-life career change: (a) What factors did you consider the most important when transitioning to civilian life? When considering alternate employment, what was the most important factor for you? and (b) Prior to medically releasing, did you feel confident that the goals of your transition plan could be met using the services and programs offered by the Department of National Defence, Veterans Affairs Canada, and SISIP Financial services?

Two factors that most impacted participant decision-making consideration were financial stability and personal health status. Participants indicated that a sustainable return to gainful employment ranks high on their list: “Financial was the most important for my family, to ensure security.” Given the link of personal health status and how that may impact the potential for full employment, there is natural connection between health and financial security. As one questionnaire respondent stated; “due to the nature of my injuries and as a result my ongoing health challenges alternate employment was/is not an option.” This indicates the participant’s second-career potential and the limit on future employment possibilities.

The services and programs for qualifying Veterans allows for highly specific transition plans to be created that attempt to match the medically releasing service member’s aspirations and needs while concurrently ensuring these objectives can be met considering constraints that may be present as a result of a diagnosis. When asked how
confident Veterans felt in their transition plan only 12% felt overwhelmingly prepared for release. The preponderance of responses, 53%, indicated that most Veterans are not comfortable with the transition plan that was created.

**Family**

As soldiers deal with a chronic health issue that has truncated further uniformed service, there is a realization that retirement has an impact on individuals around them whether it is a partner, spouse, children, or a network of friends. Participants were asked:

*Based on your own medical release experience, is having an emotional support structure of family and friends a significant contributor to a successful transition?* Over 87% of the Veterans acknowledged that having personal support during transition was moderately helpful or better. Only one contributor indicated that a support structure was not a significant contributor to having a successful transition.

**Post-military identity**

When asked about the establishment and growth of individual post-military identity, there is a consistent theme of pride in acknowledging military service. When asked if participants self-identify as a Veteran, 100% agree; however, less than half joined a Veterans group or military association after being medically released. This is despite two national organizations, the Royal Canadian Legion and the Army, Navy, & Air Force Veterans in Canada association, offering one-year free membership upon release. Additionally, many CAF messes (rank based social centers steeped in military tradition) offer a one-year free associate membership.
Transition programs and policies

Questionnaire participants indicated a great deal of disenchantment with the current Canadian Armed Forces approach to transition for medically releasing Veterans. Only one participant indicated extreme satisfaction and three stated that they were somewhat satisfied. Most respondents, 60%, indicated that they were not content with the CAF transition approach. These results reinforce the selection of responses when asked about the combination of programs and services between DND, VAC, and SISIP Manulife Financial. Furthermore, when superimposed against participant replies focused on what factor is most important when being medically released, there is an association with the most common consideration of financial security. It would appear that Veterans are seeking transition programs and services that provide a comprehensive approach to finding continued employment rather than a member-driven process that leads to confusion.

Personal transition preparation

While all the participants self-identified as a Veteran and that having an emotional support structure is beneficial for transition, ex-service members appear to be under-utilizing the resource of military association and organizations. Many national Veteran associations offer advocacy and transition assistance that strives to prepare medically releasing service members for civilian life. Some Veterans have indicated that the stability of personal health is an important factor during transition; consequently, transition preparation time appears to be focused on dealing with and stabilizing personal well-being before seeking employment. Dependent on the nature of the diagnosis, this stabilization period may take some time. Further, transition policy in relation to personal
preparedness appears to be a misinterpreted issue. One participant stated; “my own proposal was rejected and their solution to obtain the same results required far longer and required perquisites [sic] that would take even more training before the basic course.”

There are various programs that may have been explored to best suit this service member and others who find themselves in similar situations.

Summary

Chapter five presented the results of an online questionnaire offered to 45 CAF Veterans who medically released from service between 2012 and 2017. Findings indicate an overall level of dissatisfaction in the transition services offered by the Canadian Armed Forces and a lack of confidence in individual transition plans that may be supported by Veterans Affairs Canada and SISIP Manulife Financial for qualifying service members. Additionally, while all ex-service member considers themselves Veterans, less than half joined a Veterans group or military association that may have provided a useful outlet for transition support. Finally, results overwhelming point to the benefits of having an emotional support structure consisting of either family members or a network of friends.
Chapter 6

Discussion

To my mind, it is one of the most pathetic sights to see a man who has fought for his country genuinely anxious to find work and finding it impossible to do so.

Field Marshall Sir Douglas Haig, 1922

Chapter four presented the stories of five Canadian Armed Forces Veterans who were medically released within the past five years. Chapter five offered findings from an online questionnaire surrounding the experiences of medically released Veterans. The aggregate of these two chapters forms the foundation of this discussion. Chapter six outlines the themes in relation to the larger body of literature surrounding a mandatory medical release from the Canadian Armed Forces (CAF). This section uses cross-vignette approach to the findings addressing the research questions posed in chapter one. The concluding portion of this chapter provides implications for practice on how these findings can better inform future Veterans and policy-makers while noting some limitations of the study. Additionally, suggestions on subsequent research are presented. Finally, this chapter ends with some reflective thoughts on this research study.

Revisit the purpose

The purpose of this biographic narrative study to report on the experiences of five medically released Canadian Armed Forces Veterans who are either in the processing of transitioning to civilian life or have completed the transition. The study was further enabled by an online questionnaire offer to a larger participant sample. This study highlights current transition issues while presenting a Veteran individual decision-making aid aimed to reduce transition anxiety. The following questions guided the research:
1. What is the individual decision-making process surrounding a mandatory mid-life career change?

2. How does current policy perceive to facilitate Veteran transition?

3. What factors did participants feel influenced the second career choice?

4. What kind of identity change appeared during a transition to civilian life?

5. What support structures were identified that better enabled transition?

These research questions were addressed through the responses of the interviewees and online questionnaire participants.

**Decision-making process**

For soldiers, the delivery of career-ending news immediately fuels an individual decision-making process that ideally aims to layout the succeeding steps in one’s life. Transition from uniformed service is challenging on multiple personal, familial, and professional levels as the truncation of service often represents more than the loss of a job. As Cindy, an interview participant, stated; “it is almost like we broke up. Like, I don’t hear from anybody at DND or…yeah, I don’t hear from them at all.” Her comments reflect not only a separation from her employment but an emotional disconnection that is reflective of an intimate relationship. Cindy’s remarks provide a snapshot of how Veterans attempt to deal with the disorienting dilemma (Mezirow, 2012) of a job loss and indicates the personal nature of the relationship between the service member and the military. This study discovered that the transition decision-making considerations are individual in nature, significantly influenced by the allocation of time, and are vulnerable to miscalculations.
When faced with a medical release, participants confronted several challenges in terms of addressing the next chapters in their personal and professional lives. While all share the commonality of a breach of the CAF universality of service policy, participant’s personal choices in formulating an exit and employment plan differed greatly. Three main outcomes of post-military service were discovered: (a) work, (b) retraining and re-education, and (c) retire. As participants approached their individual decision-making cycle, a self-evaluation of health occurred that shaped successive decisions. As noted by a questionnaire respondent “employment was nil [sic] as I am not able to work.” When leaving the CAF, the state of one’s health must be the primary consideration when formulating post-military plan as second career choices cannot be realized if the diagnosis is so severe that the Veteran can no longer work in a traditional setting or at all.

For those Veterans who can continue into a second career, an evaluation of interest, capacity, time available, and opportunity must occur. There are CAF, SISIP Manulife Financial, and VAC programs that can assist qualifying Veterans to achieve these goals, but the self-navigation required to assess these services appears to be problematic. When asked about the range of transition services offered, participants responded by saying it was “overwhelming,” “overkill,” “annoying,” and “there was nothing.” One participant, Cindy, voiced some confusion when she described her initial exposure to the programs available: “There were so many programs and services and some of them do overlap. And, I just, sometimes I wonder, why?” For Veterans who are dealing a chronic health issue while simultaneously attempting to make informed decisions, there is a need for a more deliberate and methodical system that exposes service members to the array of programs, services, and individual decisions required.
Currently, CAF policy allows for those service members impacted by career ending medical issues an apportionment of time to prepare before release as the release is not simultaneous with the diagnosis. In each case, the time allocation can be as little as six months or extended for several years. This study highlighted that time to emotionally adjust, understand the impact of a health issue, and prepare for the next stage in life is highly beneficial. Creed, Hood, and Hu (2016) noted that career decisions are often based on how employees understand their own work-related behaviours. Taken in the context of a military service member who has ample time to prepare for a second career, Veterans can be better positioned to develop and refine a successful strategy. This must be juxtaposed against those Veterans who need to find work immediately after retirement to ensure financially stability. After one participant received release notification and while contemplating the next steps, he expressed; “that period was gone, and I lost that opportunity.” This sentiment was emphasized in another case, Cindy, where noticeably absent from her comments are confrontations with her superiors during the medical release process thereby providing a focused period where she could formulate a transition plan: A trait that reoccurs in other transition narratives. The allocation of time to make post-military decisions should be more flexible and criteria based where Veterans can track their release progress in a more systematic manner. Based on the experiences of several participants, the significant preparatory period led to one Veteran working in his desired field and another ex-service member pursuing post-graduate education.

The individual nature of transition and self-directed pace of decision-making coupled with varying allocations of transition time exposed Veterans to personal miscalculations. Supporting transition programs and services are not open-ended
opportunities where Veterans can take a pause upon release then engage when desired and able. While not clearly articulated, the trinity of transition support offered by CAF, SISIP, and VAC is intended to be nested within each other. Implied in this approach is that an open channel of communication is present that enables Veterans cases to be dealt with in a comprehensive approach. The outcome is that each service is organized for a perceived best effect by the Veteran after a brief initialization consult with the provider as there is no one central transition facilitator. Multiple participants expressed frustration with this piecemeal approach to transition, negatively highlighting the role of CAF medical case management system: “They have a transition cell that is run by a couple of nurses and to this day I don’t know what they were for.” The complexity of a medical transition warrants additional attention that requires a collaborative approach relying on the expertise of full-time transition specialists. These transition specialists should be authorized to deal with all supporting agencies, not leaving it to the service member to navigate and interpret policy, as study participants indicated, whilst concurrently investing in an achievable transition plan.

**Transition Policy**

There are many misperceptions surrounding the understanding, communicability, and interpretation of current DND transition policy because of a fractured approach concerning a medical release. All governing policies originate from the Department of National Defence where aspects are augmented through key organizations; most notably, SISIP, and VAC. In addition to these organizations, there is interest from Canadian business and industry, which offer a wide range of programs aimed at service members. While the latter is not the focus of this research, these corporations add to the amount of
support options available for transitioning soldiers, but, in engaging them, soldiers must recognize the implications of relying on transition services outside of the officially supported stream. Participants expressed concern at their own level of knowledge encompassing the totality of transition services: “There are a lot of programs out there – yes. Are you made aware of all of them? Absolutely not!” While DND offers a voluntary long-term planning seminar and the transition workshop (Department of National Defence, 2017b), releasing service members may be missing out on crucial information that informs their post-military decision-making process given the short duration of this opportunity considering this is only three-day information session. Based on study participant success in relation to extended transition preparation time, this second career assistance network programme (SCAN) may benefit from a detailed review that results in more time allocated to transition information and a more robust structure that includes online support. The current splintered approach to transition is reliant on the service member’s interpretation and without centralized oversight may not maximize the benefit of the intended program.

Findings in this study led to discovering one program and one CAF support unit that repeatedly contributed to productive post-military opportunities. Participants positively noted that the vocational rehabilitation program for serving members (VRPSM) significantly enhanced their transition. The VRPSM, when authorized for qualifying soldiers, provides up to six-months of pre-release time where service members can exploit an opportunity for educational enrollment, specialized re-training, on-the-job training, or a recognized prospect for post-military employment. Coupled with the time afforded, soldiers continue to receive full salary and benefits. Described as “the program
of choice,” the VRPSM not only offers the time to be exposed to a new experience, it also contributes to the cultivation of a civilian identity. Additionally, participants in this study who enrolled in the VRPSM were either posted their local Integrated Personnel Support Centre (IPSC) or maintained a close connection with the staff. The IPSC is an organization that can assist in the coordination of transition services for military members. Although some participants were disappointed with individual staffing approaches, by in large, this research uncovered that the IPSC was a welcomed resource during transition.

SISIP and VAC offer rehabilitation programs, separate from VAC disability awards and benefits, under the operating principle that medically released Veterans are enrolled in only one rehabilitation program. Study results indicated that both interview and questionnaire participants participated in the SISIP rehabilitation program, which met the stated objectives of the Veterans. While the flexibility, financial security, and ease of administration of the SISIP rehabilitation program facilitated post-military goals most service members negatively commented on the temporal constraint of two-years immediately after release. As there are provisions offered by VAC to account for time limitations, this research has shown that this policy is not clearly communicated and well understood by medically releasing Veterans. Furthermore, given the number of programs and services available to transitioning soldiers a more deliberate and comprehensive approach to release would meaningfully benefit Veterans and provide them with a greater sense of control.
Factors that influence a second-career

As part of this study’s criteria emphasis was placed on soldiers who have served a minimum of 15 years of service, in part because it was hypothesized that those Veterans would face a different set of challenges as compared to more junior service members. Inclusive in this assumption was that the greater amount of time served in the military would equate to more transition consideration factors such as a spouse, partner employment, geography, children, significant financial commitments, reconstruction of a civilian identity, and post-military retraining and education constraints. Several common factors emerged in both interview and questionnaire participants. The most significant influences included financial security and emotional support along with the state of one’s health.

Results of this study indicated that fiscal security is a significant factor in a post-military life. Moreover, Veteran finances can be approached on multiple levels; current state, transitional period, and future potential. Examining those Veterans who were physically, mentally, and emotionally capable of re-entering the workforce, the primary economic consideration was the period of re-training and education followed by job placement. The time afforded by the VRPSM allowed medically releasing service members up to six-months of salary to stabilize their current economic state whilst ensuring financial anxiety was mitigated during the transition period with enrollment in the SISIP rehabilitation program. In turn, Veterans are prepared to realize their new earning potential. Conversely, evidence was presented that administrative issues delayed the receipt of CAF pensions and VAC earnings loss benefit (ELB) that negatively impacted transitions. One participant expressed grave frustrations that he waited “nearly
8 months for my CAF pension,” while another stated he has been waiting for almost 11 months to achieve resolution with his ELB application. Financial security is a dominant factor to ensure a successful soldier-to-civilian transition.

All participants in this study demonstrated a desire to return to work; however, persistent medical limitations precluded a few Veterans from doing so. Although Veteran health was a consistent theme, only one interviewee and one questionnaire participant could not return to work due to chronic issues; 90% of this study’s participants were working or preparing to return to work indicating a strong desire to re-enter the civilian workforce. The impact of a medical release on Veterans appeared to manifest itself in the type of post-military job sought. In other words, most all Veterans who returned to work did so in a different occupation than they were trained for in the military. This indicates the need for a holistic approach to transition ensuring Veterans consider different forms of employment.

Changes in identity

Military vernacular refers to those leaving the service as being released and in the case of a health-related release, this departure is termed a medical release. Study results indicated that Veterans experienced a wide range of emotions when faced with a medical release. Participant comments such as “it becomes more than just a job, it is your identity, it is who you are,” spoke to a sense of loss. When referring to how her military identity is interpreted in a large urban city, Cindy, in a dejected tone, stated that “I just find people are very ignorant to it.” These types of emotions also led to a downplaying of individual contributions that was best expressed by one Veteran who explained that when civilians hear the “term ‘Veteran,’ people think of WWI and maybe WWII and that is
about it.” Additional remarks reflected the marginalization experienced during the
solider-to-civilian transition started before the service member was released. An online
questionnaire respondent mentioned how disappointed he felt when a private (the most
junior non-commissioned member in the military) presented him a “certificate of service
and CAF pin in a brown envelope really showed how little you’re cared for once injured
and useless.” Taken together, all these sentiments demonstrate how the emotions of
Veterans move through a spectrum from anger, disappointment, and grief with very little
emphasis place on pride surrounding their selfless service. For some service members, a
medical release represents the first time that they will be a civilian in their adult life while
concurrently struggling with how they will approach being recognized as a Veteran. This
duality of identity creates anxiety in some Veterans where mandatory pre-release training
and re-imaging workshops may address this concern.

The creation of a civilian identity can be aided through membership in a
Veteran’s organization where the National Council of Veterans Associations in Canada
(2017) lists more than 60 different organizations. These groups, some of which date back
to the end of World War I, include the Royal Canadian Legion (RCL) and the Army,
Navy and Air Force Veterans in Canada (ANAVETS) who offer complimentary one-year
memberships for retiring service members. In conjunction with national non-profit
organizations, many military regiments and branches have well-established associations
that aim to unite, assist, and provide a place for Veterans to gather. While there are
competing interests, political leanings, and associations among the ex-service member’s
groups, there are unifying features such as Veterans advocacy and a venue where the
reaffirmation of camaraderie cultivated through military service can flourish. Overall
involvement in these associations are declining, as exemplified in the RCL status report (2017b) that indicates a current membership of 265,804; while it may appear high, these numbers reflect the downward trend in membership rates resulting in a 66% drop from 2005 (Royal Canadian Legion, 2016). Arguably, the RCL is the nation’s most recognizable Veterans group and their membership rates are telling. This study further underscores the decline in Veteran’s groups with only 40% of participants stating that they joined an organization despite 100% of respondents indicating they strongly identify as a Veteran. It appears that contemporary Veterans in this study are relying on alternate types of associations to establish their civilian identity as supported through both interview and questionnaire responses.

**Transition support structures**

The deluge of programs, services, associations, and non-profit organizations that are intended to assist in the soldier-to-civilian transition for medically released personnel has consistently been described as overwhelming. While highly individualized, this research has found that participants rely on a few key elements to ensure post-military success. The most common components of Veteran transition support were found to be associated with employment assistance, to include retraining and education, an emotional care structure and financial predictability.

In June 2017, DND released the government’s defence policy that included the creation of a new organization to assist with the soldier-to-civilian transition. This organization, to be called the “Canadian Armed Forces Transition Group [and] represents a fundamental reinvention of the way transition is managed,” (Department of National Defence, 2017a) will aid all service members releasing including those with a medical
condition. Although very few details have emerged on the specifics of this new unit, participants in this study consistently praised elements of the current structure within the IPSC, especially when considering the retraining and education support received. Participant comments included; “the IPSC became a font of knowledge,” “the IPSC was amazing, they totally treated me fabulously,” and “they [IPSC] did their job really well.” The aforementioned comments are connected to study contributors who were able to meet their immediate post-military goals because of the specialized assistance offered at the IPSC.

The exigencies of military service are compounded when the service member has increased immediate family considerations. Coupled with extended periods of isolated training and expeditionary deployments, families are faced with the prospect of moving every number of years. Study participants averaged over 6.5 moves in their career, and all had family elements to contemplate such as spousal employment, children’s schooling, additional financial stress due to housing, and separation from extended family. Participants remarked on how self-reliant they became during austere postings within Canada and during international moves, which built family resilience that could be called upon when transitioning from service as a result of a medical release.

The CAF offers a competitive compensation package inclusive of a wide range of supplementary benefits commensurate with increased hardship, health benefits, and a myriad of allowances. When faced with a medical release, Veterans have indicated that continued financial stability is a key element of post-military success as discovered in the study with only one interviewee entering a semi-retired phase immediately upon release. Online questionnaire participants also indicated a desire for continued employment, save
one respondent who was not able to work on the grounds of his health limitations. Given the wide range of programming offered, those being medically released must have access to trained and knowledgeable personnel during the soldier-to-civilian transition who can best layer and nest services for Veterans to attain their goal.

**Recommendations for practice**

The Canadian Armed Forces is recognizing the need, articulated in *Strong, Secure, Engaged; Canada’s Defence Policy* (2017), for a more well-developed approach to transition, which includes how to best handle those soldiers being medically released. While preliminary steps have been taken to contribute to the reinvention of transition (Department of National Defence, 2017a), a persistent need of research and re-evaluation is required to address the challenges of the multi-generational Veteran that is being medically released from the military. The current member-driven release process should be revitalized with a concentration on developing a true comprehensive approach where the soldier-to-civilian shift can be viewed as a continuum of transition. The continuum is not related to time, as the models that are currently in-place, rather linked to an outcome that contributes to member self-worth. To accomplish a reinvention of the CAF approach each medically releasing service member should proceed through a transition decision-making aid (TDMA); which, is tailorable and adaptable considering the constellation of individual factors associated with each medical release. The implementation of a personal TDMA, based on the findings in this study, is framed by three key stages; (a) post-military preparation, (b) synchronization of efforts, and (c) realization of potential. Individual navigation through the TDMA is facilitated by a military expert who is authorized to deal with the supporting agencies such as VAC, SISIP, Canadian Forces
Health Services Group, CAF military release section, and who possesses a working knowledge of external civilian organizations that offer transition services.

**Post-military preparation**

Post-military preparation begins simultaneous and in concert with the diagnosis of a chronic disease, or recovery from a devastating wound or injury that may result in a service member breaching universality of service. While a system of medical categories exists that indicate potential employment limitations, service members should begin post-military preparation as soon as practical given the unpredictability and length of time associated with the CAF employment administrative decision-making process. This study found that there is a link between increased preparation time and post-military success: The more time Veterans have examining options, the greater the likelihood of a successful transition. Prior to any medical release date being set, the post-military preparation stage should be conditions based and not time. In other words, a series of preliminary gateways should be executed and confirmed by supervisors prior to the service members final work date being communicated. This would ensure a detailed individual factor analysis is conducted before the soldier-to-civilian transition plan is implemented. The factor analysis would consider health status and limitations, feasibility of transition plan, geographic implications, and a personal financial plan. The culminating outcome of this stage is a personal transition plan, release date, and a posting to a unit specifically poised to synchronize release efforts.

**Synchronization of efforts**

This research found that medically releasing service members possessed a varying level of knowledge on transition support and programming leading to some service
members misjudging the nuances between the offered services. Consequently, during stage two, synchronization of efforts, a military expert should be assigned to each medically releasing service member. The hierarchical nature of the CAF contributes to a sense of normalcy when soldiers are operating within a known structure, therefore in having a transition expert assigned to synchronize release efforts, the soldier will be less overwhelmed at this crucial point given the inherent familiarity resident within the organization. Further, synchronization of efforts affords an opportunity to involve the family of the medically releasing service member. Once medically releasing service members have completed their transition plan, they should fall under the control of a locally established transition unit. This organization should be authorized to deal with all supporting agencies in concert with and on behalf of medically releasing soldiers. In doing so, transition stress will be greatly reduced, problems can be readily identified, and a collaborative approach to the accompanying administration, such as the CAF pension, VAC, SISIP, and release applications are implemented. The end of this stage will see the soldier completing his last days in uniform before transition oversight begins in stage 3.

**Realization of potential**

This study concluded, through a broad consensus, that the majority of medically released Veterans felt isolated and marginalized prior to and during release. Stage 3, realization of potential, would see a mandatory period of CAF oversight and monitoring of the Veteran once released. CAF oversight should continue regardless of whether a Veteran is enrolled in a sponsored rehabilitation program, has found employment, or has retired. CAF oversight for a limited period after release would ensure the Veteran is receiving the transition program and services as intended, provide limited assistance in
dealing with civilian identity issues such as advice on Veteran’s organizations and military associations, and could offer a reach-back mechanism for support within a familiar structure. For Veterans enrolled in a vocational rehabilitation program, this stage ends as the Veteran’s transition plan is handed off to a rehabilitation expert six-months post-release. For Veteran’s immediately returning to the workforce, CAF’s oversight ends six-months after the release date. For Veterans unable to work or implement a transition plan due to significant health issues, liaison between CAF, SISIP, and VAC should occur resulting in an annual consultation to determine if a transition plan can be implemented anytime in the future: a non-perishable benefit. See figure 2 for a linear depiction of the TDMA.

Figure 2.

*Transition decision-making aid*

<table>
<thead>
<tr>
<th>Post-military preparation:</th>
<th>Realization of potential: CAF oversight and reach back. SISIP/VAC consultation &amp; handover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions based, not linked to time. Develop transition plan</td>
<td>Final day of military service</td>
</tr>
<tr>
<td>Medical release timeline</td>
<td></td>
</tr>
</tbody>
</table>

*Synchronization of efforts*: Military transition expert with full coordination authority. Enact transition plan

**Civilianization**

The Canadian Armed Forces receives regular force recruits as young as 17 years of age as both a non-commissioned member or as a cadet at the Royal Military College of Canada. The indoctrination period that follows enrollment is lengthy, challenging, and
immerses new service members in the sub-culture of Canadian military life. Initial exposure to the history and traditions of the military can last up to 15 weeks (Blackburn, 2016) and continue for many months dependent on the branch of service and occupational specialty. The fusing of a young adult’s developing identity into complete acceptance of an organizational ethos espoused by the CAF occurs at a formative time for most soldiers. The data from this research supports the notion that one’s personal military identity does not evaporate concurrent with a medical release, rather, the pride in service continues after the final days in uniform. Long after soldiers are medically released, they will continue to be known as Veterans regardless of their previous occupation, yet there are no resources allocated to the civilianization of identity. The CAF should invest in a transition approach, inclusive of classes, workshops, and online support, that recognizes the difficulties faced when reintegrating into civilian society.

Future directions

At the end of World War 1, as a founding member of the Royal British Legion, Field Marshall Sir Douglas Haig championed Veteran care that included a philosophy for transition services, where this need continues a century later. The scope of this research was narrow in focus, examining soldiers, sailors, and aviators who were enrolled for a minimum of 15 years of regular force service; however, this study discovered that a large number of participants did not meet the time-served criterion indicating more research is warranted with this population. Furthermore, there continues to be a gap in knowledge surrounding the longitudinal study of medically released Veterans with a view to discovering how a successful transition is defined and when the soldier-to-civilian transition is complete.
Limitations

Although mitigation efforts were taken throughout this research, the relatively small number of medically releasing personnel annually from Canadian Armed Forces limits the potential participant pool. In turn, given the number of interview participants there may have been some data limitations (Patton, 2002) as a result of potential misunderstanding emanating from CAF, VAC, and SISIP policies as well as continued anxiety as individual soldier-to-civilian transitions were ongoing. Additionally, the size of the questionnaire respondent pool may limit the generalizability of the findings. This is particularly noteworthy since only two females participated in the online questionnaire; which, is below the CAF medical release rate broken down by sex. Finally, the author addressed his bias through the mitigation efforts implemented in chapter 1, most notably through the use of purposeful sampling.

While a purposeful sampling strategy was used with a view to achieve the greatest range of sex, rank, military element, length of service, and experience, recruiting was limited to currently serving members known to the researcher. This approach directly impacted the geographic footprint of the recruiting strategy. While responses from the researcher’s request reached potential participants in a majority of provinces, there was no known contact with medically released members in the Atlantic region or British Colombia. Finally, the nature of this study may have deterred participation. While the specific cause of the individual health issue was never questioned or solicited, there appears to be continued sense of apprehension and stigma associated with being medically released.
Concluding thoughts

There is an enduring responsibility to defend Canada’s interest at home and abroad where the Canadian Armed Forces fulfils a crucial role on land, sea, and in the air. Canadian soldiers, sailors, and aviators are charged with conducting the most challenging and complex of missions around the world while simultaneously conducting themselves in an ethical manner, respecting each other and their adversaries in the operating environment. Daily, the Canadian military is globally engaged while concurrently conducting training and preparation for operations all the while service members must take care of themselves physically, emotionally, and spiritually. While filling the gaps of the nation’s defence strategy, service in the Canadian military extends beyond the member, implicating the totality of ones’ family and emotional support structure.

Military service is not a stationary act; there are geographic moves within Canada and internationally along with postings that divide families for a variety of reasons. During the conduct of this research, a VAC (2017) longitudinal study was released indicating that male and female Veterans were at a substantially higher risk of suicide, 242% and 81% respectively, as compared to the overall Canadian civilian population. While the root cause of these deaths may never be fully known, continued research into military transition is warranted to further understand and mitigate potential dangers within the Veteran population. The demands placed on Canada’s military will only increase, both in operational complexity and personnel tempo, in the foreseeable future; therefore, the need for continuing, adaptable, and sustainable Veteran transition support will intensify when it is time to take off the uniform permanently.
References


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transitioning from military to civilian careers. *Advances in Developing Human Resources, 19*(1), 14-24.


Appendix A

Recruitment Email

Ladies and Gentlemen,

My name is Darryl Cathcart and I am currently completing research for my Master of Education thesis, entitled “Mandatory Career Change: Transition Experiences of Canadian Armed Forces Veterans.” The purpose of this study is to gain an understanding of the challenges faced with an unexpected medical release from the Canadian Armed Forces (CAF). Veterans Affairs Canada (2014) stated that between 1998 and 2007 that 25% of Veterans experienced a difficult transition to civilian life coupled with a worsened personal state of health as compared to the Canadian population. This study will highlight some transitions issues while presenting a veteran decision-making model aimed to reduce transition anxiety.

To date, there has been very little research concerning medically released Veterans and specifically, those Veterans who unexpectedly breach the CAF universality of service policies. Your participation will provide a great deal of first-hand knowledge, experience, and insight into the challenges of an unexpected career change.

I asked my former colleague [TBC – insert name] to send this recruitment email to you since you may qualify for my research study. I am a retired CAF service member and am interested in studying the transition process of Canadian Armed Forces Veterans to civilian life. If interested in participating, you will need to contact me at darryl.cathcart@queensu.ca. I am seeking regular force CAF Veterans who were medically released (3A or 3B) within the last five years, served 15 years, officer or non-commissioned officer, male or female veteran, and served in any environment.

If you agree, the research would entail taking part in two interviews. The first would be no more than an hour in length, would be in person, and would involve questions about your military employment history, family, education and training experience, and transition services accessed. The second section of questions will focus on military identity and future goals. Finally, the series of questions will be asked surrounding the medical release process inclusive of understanding of current policy. The second interview would be no longer than 30 minutes, and could be conducted by email, over the phone, or in person – whichever is of most convenience to you. It would consist of any follow-up questions from our initial interview, and you would have the chance to review the transcript of our first interview, should you wish. As such, the total time requirement for participating would be no more than 1.5 hours.

Given the projected sample size for this research, up to five participants, the nature of demographic data being collected may increase of being identified, therefore, participants must note that they may be liable for their comments.

For taking part in this research, you will receive a $15 Starbucks gift card upon completion of the second interview.
Participants who are not selected for the interviews are invited to complete a questionnaire consisting of demographic, open, and closed ended questions. This questionnaire will be administered online and take approximately 15 minutes to complete.

Please find attached both the Letter of Information for the Study, as well as a sample consent form. These should answer any additional questions you may have. However, if they do not, or you wish to ask me (the principal researcher) any additional questions, please do not hesitate to contact me at darryl.cathcart@queensu.ca.

Please let me know by [TBC-insert due date] whether you would like to participate in this study. Thank you for your time. I hope to hear from you soon.

Respectfully,
Darryl Cathcart

Darryl Cathcart, Master of Education Candidate
Queen’s University, Faculty of Education
Duncan MacArthur Hall
511 Union Street, Kingston, ON, Canada
K7M 5R7
Email: darryl.cathcart@queensu.ca
Appendix B

Letter of Information and Consent Form

Study Title: Transition Experiences of Canadian Armed Forces Veterans

Name of Researcher: Darryl Cathcart, Faculty of Education, Queen’s University

As part of my Master of Education program, I am conducting a research study examining the transition experiences of medically released Regular Force Military Veterans to civilian life. If you agree to take part, I will interview you for one hour at a public location of your choosing with the opportunity for a follow-up interview of 30 minutes. The interview will be audio-recorded and later transcribed.

Participants who are not selected for the interviews are invited to complete a questionnaire consisting of demographic, open, and closed ended questions. This questionnaire will be administered online and take approximately 15 minutes to complete.

Some questions may cause you anxiety. If you are experiencing distress during the interview, you can pause, or you can stop altogether. If you are experiencing distress after the interview, please contact the 24-hour Veterans Affairs Assistance Service at 1-800-268-7708. While there are no direct benefits to you as a participant, study results will help inform future medically releasing Canadian Armed Forces Veterans.

There is no obligation for you to say yes to take part in this study. You don’t have to answer any questions you don’t want to. You can stop participating at any time without penalty. You may withdraw from the study up until December 31, 2017 by contacting me at darryl.cathcart@queensu.ca.

I will keep your data securely for at least five years. Your confidentiality will be protected to the extent possible by replacing your name with a pseudonym for all data and in all publications. The code list linking real names with pseudonyms will be stored separately and securely from the data. Other than me, only a transcriber who has signed a Confidentiality Agreement will have access to any of the data.

I hope to publish the results of this study in academic journals and present them at conferences. I will include quotes from some of the interviews when presenting my findings. However, I will never include any real names with quotes, and I will do my best to make sure quotes do not include information that could indirectly identify participants. For those participants selected for the interviews, there is a potential of information disclosure due to the small sample size, no more than five Veterans, based on participant responses or comments. Further, given the nature of demographic data being collected there is an increased risk of being identified, therefore, participants must note that they may be liable for their comments.
During the interview, please let me know if you say anything you do not want me to quote.

Those participants who complete the interviews will receive a $15 Starbucks gift card.

If you have any ethics concerns, please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact me at darryl.cathcart@queensu.ca.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Keep one copy of the Letter of Information for your records and return one copy to the researcher, Darryl Cathcart.

By signing below, I am verifying that: I have read the Letter of Information noting that I am aware that my identity may become known based on either the small sample size or the details of my CAF service, and all my questions have been answered.

Name of Participant: ___________________________________

Signature: ___________________________________________

Date: ________________________________________________
Appendix C
Interview Questions

Time of interview:

Date:

Place:

Interviewer: Darryl Cathcart, Queen’s M.Ed. student

Interviewee:

Current Occupation/Position of interviewee:

Introduction.

Good day. As you know, my name is Darryl Cathcart and I want to thank you for contributing your time to this initiative. This interview will be broken into various stages starting with asking questions about your military employment history, family, education and training experience, and transition services accessed. The second section of questions will focus on military identity and future goals. Finally, a few questions will be asked surrounding the medical release process inclusive of your understanding of current policy. I hope to use this information to help guide the research study into transitioning veterans and the development of a medical release decision-making model that may benefit future veterans. The interview should take about 60 minutes and as a reminder I will be conducting an audio-recording of the events. Additionally, I will be taking notes throughout the interview. Before we begin, this is a reminder about information security and that upon release you acknowledged through your signature on official documents that you would not disclose “any secret official code word, password, sketch, plan,
model, article, note, document or information that relates to or is used in a prohibited place” (Security of Information Act, 1985). If I feel you begin to discuss any sensitive information I will interrupt and remind you of your responsibilities. Furthermore, given the nature of demographic data being collected there is an increased risk of being identified, therefore, participants must note that they may be liable for their comments.

Are you available to respond to some questions at this time? Do you have any questions or comments before we begin?

**Background**

1. Can you describe your military experience to include environment, occupation, postings, deployments, qualifications, retirement date?
2. Can you describe your family: spouse, partner, children?
3. What education, training, and qualifications do you possess that is applicable to work outside of the military?
4. Did you have to move as a result of your release? If so, what were the primary factors for consideration?
5. Did your role in the family change as a result of your medical release?
6. What transition services did you most rely on as you were releasing from the Canadian Armed Forces? How effective did you find (insert most discussed service)?

What service did you not find as useful as anticipated?

**Military Identity and Future Goals**

7. You previously mentioned you retired as a (insert rank held at time of release), how important was this appointment to you?
8. How was this appointment affected as a result of your injury/diagnosis?
9. Now that you are retired is it important to stay connected with your former colleagues, unit, regiment, or service? Is maintaining a connection important to you?

10. The Royal Canadian Legion and the Army, Navy & Air Force Veterans Association offer free one-year membership upon release: Did you join one of these groups or any other veteran’s organization? Why or why not?

11. Have you encountered any obstacles within your community or in a new job related to your veteran status?

12. How have the Department of National Defence, Veterans Affairs Canada, or SISIP Financial Services enabled your pursuit of a second career and future employment goals?

13. What type, if any, retraining, education, or accreditation steps did you take upon release?

14. What does post-military success look like to you?

**Medical Release Process**

15. How long did the administrative review process take in order to provide you with an employment decision? Did you make representation or appeal?

16. Where you offered retention? If so, for how long?

17. Did you accept the retention offer? Why or why not?

18. Was your health a limiting factor as you looked forward to potential employment opportunities?

19. Can you describe military life after you received your diagnosis/prognosis and the Director Military Careers Administration decision?
20. Can you describe the relationship between the Canadian Armed Forces, Veterans Affairs Canada, SISIP Financial and yourself during transition?

21. In your estimation did Canadian Armed Forces, Veterans Affairs Canada, SISIP Financial policies help/hinder your transition?

Closing question

22. What is the biggest piece of advice you can offer to a serving military member who must release due to a medical issue?

Conclusion

This concludes my interview and I want to thank you for taking your time to participate. Once I review my notes and recording if there are any outstanding questions would it be possible to reach out for clarification? After reflecting upon our discussion, if you have anything further to add, please do not hesitate to contact me. Again, thank you for your time.
Appendix D
Confidentiality Agreement

**Project Title:** Mandatory Career Change: Transition Experiences of Canadian Armed Forces Veterans

**PI/Researcher:** Daryl G. Cathcart

I ___[name of RA/transcriber]___ have read and retained the Letters of Information concerning the research project [title].

I understand that maintaining confidentiality means that: **I agree not to reveal in any way to any person other than the PI/researcher any data gathered for the study by means of my services as a Research Assistant and/or Transcriber.** I will comply with the requirements for confidentiality.

Upon the termination of the work assigned by the researcher, I will return all confidential information and project materials to the researcher. I will permanently delete copies from any electronic devices used for the purposes of completing the assigned tasks.

**Identification and Signature Indicating Agreement**

Name: ____________________________
Email: ____________________________
Telephone: _________________________
Mailing Address: _______________________________________________________

Signature: ____________________________

**Contact Information:**
Questions about this agreement or the study may be directed to:
Darryl G. Cathcart, Faculty of Education, Queen’s University, Kingston, ON K7L 3N6
Email: darryl.cathcart@queensu.ca

If you have any ethics concerns, please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.
Appendix E
Online Questionnaire

1. I am conducting a research study examining the transition experiences of medically released Regular Force Military Veterans back into civilian life. By clicking on the link below you are consenting to take part in this short, 15-minute survey.

Answers will be recorded, analyzed, and potentially published but the personal information of participants will not be collected.

Some questions may cause you anxiety. If you are experiencing distress during the questionnaire, you can pause or stop altogether. If you are experiencing distress after completing the questionnaire, please contact the 24-hour Veterans Affairs Assistance Service at 1-800-268-7708. While there are no direct benefits to you as a participant, study results will help inform future medically releasing Canadian Armed Forces Veterans.

Check one: I Agree No, thank you

2. Before you participate in the study, we must ensure that you meet the participation criteria. Please answer the following questions. Were you medically released from the Regular Force component of the Canadian Armed Forces in the past five years (2012 – 2017)?

Check one: Yes No

3. Years of service. Select one

4. Do you identify as a Veteran? Select most appropriate.

Strongly Agree, Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree

5. Did you join a Veteran Support Group or Military Association upon release?

Check one: Yes No

6. Based on your own medical release experience, is having an emotional support structure of family and friends a significant contributor to a successful transition? Select most appropriate.

Extremely Helpful, Very Helpful, Moderately Helpful, Slightly Helpful, Not Helpful at all
7. Prior to medically releasing, did you feel confident that the goals of your transition plan could be met using the services and programs offered by the Department of National Defence, Veterans Affairs Canada, and SISIP Financial services? Select most appropriate.

Extremely Confident, Somewhat Confident, Moderately Confident, Slightly Confident, Not Confident at all.

Why are the current array of services inadequate?

8. Given the individual nature of transition process, how satisfied are you with the Canadian Armed Forces approach to medically releasing Veterans? Select most appropriate.

Extremely Satisfied, Somewhat Satisfied, Neither satisfied or dissatisfied, Somewhat Dissatisfied, Extremely Dissatisfied.

What is the greatest dissatisfier with the current approach?

9. What factors (financial, education, training, geography, family, employment, health, etc.) did you consider the most important when transitioning to civilian life? When considering alternate employment, what was the most important factor for you?

10. Sex. Select one.

Male, Female, I do not want to share, Not defined

11. Rank at release. Select one.

Corporal, Leading Seaman, Master Corporal, Master Seaman, Sergeant, Petty Officer Second Class, Warrant Officer, Petty Officer First Class, Master Warrant Officer, Chief Petty Officer Second Class, Chief Warrant Officer, Chief Petty Officer First Class, Captain, Lieutenant (Navy), Major, Lieutenant-Commander, Lieutenant-Colonel, Commander, Other.


Royal Canadian Navy, Canadian Army, Royal Canadian Air Force, Canadian Special Operations Forces Command.
Appendix F
Colleague Email

Ladies and Gentlemen,

As some of you may know, I released from the Canadian Armed Forces in early 2017 where my focus is the pursuit of a Master of Education degree from Queen’s University in Kingston. The culmination of this program is my thesis; which, is centered on the transition experience of medically released soldiers, sailors, and aviators. While the medical release process offers a wide and robust variety of options, these efforts lack crucial synchronization. Consequently, initiatives aimed to assist in transition may lead to misunderstanding of policy, personal uncertainty, and familial stress resulting in an overwhelmed soldier who is simultaneously dealing with a career-ending medical issue whilst attempting to navigate an uncertain future. Regular Force medical releases continue to rise at a startling rate; increasing from 1107 in 2008 to almost 2000 in 2016.

My narrative approach to research is aimed at capturing those individual medical release stories that, in turn, will be analyzed to produce a suggested decision-making model for those soldiers, sailors, and aviators facing an unexpected truncation of service. Ultimately, release is a member-driven process where both the future Veteran and CAF administrative procedures may benefit from some well-informed research.

The Ask

If you know of any Regular Force member who was medically released (3A or 3B) within the past five (5) years, served 15 years, officer or non-commissioned officer, male or female veteran, and served in any environment please forward this email to them and ask those folks to contact me if they are interested in participating. I am looking to reach as many potential participants as possible, inclusive of the 25% of Veterans (Veterans Affairs Canada, 2011) who experienced a difficult transition.

Thank you for your time and if you feel you may be able to contribute to this research do not hesitate to reach out.

Email: darryl.cathcart@queensu.ca

Respectfully, Darryl

Darryl Cathcart
Master of Education Student
Queen’s University
Kingston, Ontario
Appendix G
General Ethics Review Board Approvals

August 09, 2017

Mr. Darryl Cathcart
Master's Student
Queen's University
Kingston, ON, K7L 3N6

GREG Ref#: GEDUC-863-17; TRAQ # 6021490
Title: "GEDUC-863-17 Mandatory Career Change: Transition Experiences of Canadian Armed Forces Veterans"

Dear Mr. Cathcart,

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled "GEDUC-863-17 Mandatory Career Change: Transition Experiences of Canadian Armed Forces Veterans" for ethical compliance with the Tri-Council Guidelines (TCPS 2 (2014)) and Queen's ethics policies. In accordance with the Tri-Council Guidelines (Article 6.14) and Standard Operating Procedures (405.001), your project has been cleared for one year. You are reminded of your obligation to submit an annual renewal form prior to the annual renewal due date (access this form at http://www.queensu.ca/traq/signon.html; click on "Events", under "Create New Event" click on "General Research Ethics Board Annual Renewal/Closure Form for Cleared Studies"). Please note that when your research project is completed, you need to submit an Annual Renewal/Closure Form in Romeo/iraq indicating that the project is 'completed' so that the file can be closed. This should be submitted at the time of completion; there is no need to wait until the annual renewal due date.

You are reminded of your obligation to advise the GREB of any adverse event(s) that occur during this one year period (access this form at http://www.queensu.ca/traq/signon.html; click on "Events", under "Create New Event" click on "General Research Ethics Board Adverse Event Form"). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that requires a substantial change in approach to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example, you must report changes to the level of risk, applicant characteristics, and implementation of new procedures. To submit an amendment form, access the application by at http://www.queensu.ca/traq/signon.html; click on "Events", under "Create New Event" click on "General Research Ethics Board Request for the Amendment of Approved Studies". Once submitted, these changes will automatically be sent to the Ethics Coordinator, Ms. Gayl Irving, at the Office of Research Services for further review and clearance by the GREB or GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Sincerely,

Joan Stevenson, Ph.D.
Interim Chair
General Research Ethics Board

c: Dr. B. Denise Stockley, Supervisor
   Dr. Richard Reeve, Chair, Unit REB
   Ms. Erin Remie, Dept. Admin.
September 12, 2017

Mr. Darryl Cathcart
Master’s Student
Faculty of Education
Queen’s University
Duncan McArthur Hall
511 Union Street West
Kingston, ON, K7M 5R7

Dear Mr. Cathcart:

RE: Amendment for your study entitled: GEDUC-863-17 Mandatory Career Change: Transition Experiences of Canadian Armed Forces Veterans; TRAQ # 6021490

Thank you for submitting your amendment requesting the following changes:

1) To ask participants who are not selected for the interviews to complete a questionnaire via Qualtrics (approximately 15 minutes);

2) Appendix A: Recruitment Email (v. 2017/08/26);

3) Appendix B: Letter of Information / Consent Form (v. 2017/08/26);

4) Questionnaire (v. 2017/08/26).

By this letter, you have ethics approval for these changes.

Good luck with your research.

Sincerely,

Joan Stevenson, Ph. D.
Interim Chair
General Research Ethics Board

c.: Dr. B. Denise Stockley, Supervisor