

## NET EDITORIAL

One hundred years ago, the World War 1 battlefields of 1916 produced some of the bloodiest scenes ever witnessed in the history of warfare. Millions of troops were injured or killed making the ultimate sacrifice for their countries in the battles of attrition at Verdun, the Somme or Gallipoli. There have been many advancements in military doctrine and strategy over the last century, plus a universal desire to avoid the total wars that disfigured the 20<sup>th</sup> century. However, some things remain constant, which for military nurses include facing life-threatening scenarios and providing care, compassion and the highest quality of clinical practice to their patients whilst on deployment. These casualties include the troops, enemy forces, and the civilian population of all ages, many often presenting with serious polytrauma injuries. Such stressors are aligned to the other, less transparent disadvantages common to all military personnel, such as being separated from family and friends, and the constant upheaval of moving home every two to three years.

It is an honour to have the opportunity to be the Guest Editor for this military veterans special issue. It coincides with my personal transition from leaving the British Army to finding new employment at the University of Chester, England and acquiring the status of *veteran*. I am fortunate that I leave the forces in good health, with minimal situational stressors such as financial or housing concerns, and with a strong family and social network. I can attest that the benefits of a military career can be considerable, and this NET special edition provides an insight into the personal growth associated with a life in the armed forces, an environment where lifelong friendships are formed. Whilst acknowledging my good fortune, however, I recognise that many experience undesirable ramifications of their service, leaving the armed forces with mental health problems, social difficulties or physical ill health.

The psychological effects of serving in a war zone have been re-evaluated since the terrorist attacks of 9/11 and the subsequent military campaigns in Iraq and Afghanistan. The spotlight upon them has resulted in public support, and a concerted effort to ensure that armed forces personnel are provided with the best possible treatment and are not penalised for their service. This effort is especially focused during the huge upheaval upon leaving the military.

This issue provides evidence of truly original nursing research and innovative practice which reach out to the veteran population. Nurse educators are positive agents of change who are championing constructive activity in relation to the prevention, detection and treatment of illness, and to the support of veterans to maximise their physical health and mental wellbeing. Educational delivery is focused upon ensuring nurses are leaders in facilitating the best care for veterans through specialist academic programmes, and disseminating information about it through inspirational publications and conference presentations.

This issue provides a hugely important insight into nursing the armed forces community, achieved through reporting on a broad spectrum of projects including submissions from the US, the UK, Australia and Taiwan. The articles cover a range of topics, including the challenges facing veterans and their families; the unique demands on women veterans; and the readiness of hospital nurses for disaster response. There is a theme running through many of the papers regarding the courage to care, which is embedded in academic programmes for veterans. There are articles highlighting novel treatments involving outdoor activities, Accelerated Resolution Therapy and canine assistance for PTSD. There are innovative interventions, such as the US *Restoring Lives* initiatives, which are helping Service personnel to transition from the military back into high quality professional employment through nurse educator-led programmes. Unfortunately, I received many other commendable international papers that provide further evidence of the dynamic nursing commitment to supporting veterans, but which didn't quite make the cut. Nonetheless, it is right that these articles are acknowledged, and I applaud the nurses involved for their continuing endeavours.

Importantly, the articles also highlight fundamental barriers to wellbeing. The armed forces remains a macho environment, and the belief that one has to be mentally strong is a

characteristic embedded in veterans and often their families. This can exacerbate the significant challenges of readjusting to civilian life. Poor help-seeking behaviour for stress related problems can have negative occupational implications and restrict this community from accessing care for problems such as alcohol misuse. I believe that this is where this special issue is so inspirational, as it provides the international nursing audience with access to a range of under-reported information, including systematic reviews highlighting what the problems are and providing facts rather than fiction. Nurses are leading the way in being caring, supportive and inclusive, whilst offering constructive advice and searching for national and international collaborations. This will ultimately lead to even better care for those who have given so much.