

LIFE EXPECTANCY DECLINES ARE A CALL TO ACTION FOR EMERGENCY NURSING



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I'm honored to serve the Emergency Nurses Association (ENA) and the Journal of Emergency Nursing (JEN) as the incoming Editor-in-Chief. In the upcoming months, I'm looking forward to our introductions over the various ENA membership communication platforms. In this issue of JEN, we have recognized Dr. Anne Manton as the Editor-in-Chief Emeritus for her leadership contribution to the content of this issue. I'm grateful for the exemplary teamwork that Managing Editor Annie Kelly, the associate editors, and editorial board have demonstrated during this transition. Thank you to each of our readers for your continued partnership as we embark together into this new era for JEN. I'm excited to commit to continue to advance the specialty of emergency nursing, together.

On the population level in the United States, life expectancy has declined in recent years.¹ Emergency nurses are experts in saving lives on the brink of death. Emergency nurses are also key providers of compassionate care in the last moments before death. What is also often overlooked is how the emergency nursing specialty provides preventative care in every screening, every discharge education, and every self-management support intervention. With over 136 million emergency department visits in the United States alone, the US population and public health clearly rely on excellent emergency nursing care.² Your emergency nursing

practice matters and is extremely valuable, in more ways than you might see in your everyday work.

The recent life expectancy decline is more evident in men than women.¹ Globally, the leading causes of death are ischemic heart disease, stroke, chronic obstructive pulmonary disease, lower respiratory infections, Alzheimer's disease and dementias, and cancer.³ In the United States, the leading causes of death are heart disease, cancer, and unintentional injuries.¹ Specific causes for the recent alarming decline in life expectancy include suicide, homicide, drug overdose, motor vehicle crashes, influenza, pneumonia, and diabetes. Worsening life expectancy trends serve as a call to action for emergency nurses. In essence, you, as an emergency nurse, are in a crucial position to impact life expectancy through your efforts to provide safe, quality care, leadership, and prevention. JEN provides high quality, peer-reviewed manuscripts that clinicians, emergency care sector leaders, researchers, and policy-makers can use to address these important root causes of mortality around the globe.

In the September 2018 issue of JEN, Zaleski and colleagues' clinical practice guideline on suicide risk assessment summarizes the quality of research evidence supporting suicide risk initial assessments, instruments, and predictors.⁴ The information can be used to support the implementation of new or improved clinical practices of screening for self-harm or suicidal ideation in the initial emergency department patient assessment. Skills, behaviors, knowledge, and attitude must all be addressed to thoroughly lead professional nursing workforce practice improvements. In that same issue of JEN, Betz and colleagues' original research identified nursing leader attitudes as one important factor to consider.⁵ Of the 190 emergency nursing leaders surveyed, the majority (60%) demonstrated skepticism that suicide was preventable for patients with active ideation. However, most (67%) agreed that educating the family and patient on safe firearm storage to remove lethal means could effectively prevent suicide. The gender, race, and age distribution of the nurse leaders were not reported, leaving uncertainty about potential demographic differences in attitudes and perceptions. This missing demographic information also limits the ability to generalize the findings to other settings, which could be addressed in future research.

The suicide death rates are higher for men and vary by race and ethnicity, demonstrating a potential need for improved culturally and gender-appropriate intervention.¹

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Through an executive order addressing suicide risk in veterans as a special population, the White House initiated the *National Roadmap to Empower Veterans and End Veteran Suicide*.⁶ This policy roadmap includes developing a national strategy and initiating a legislative proposal. Throughout this important initiative, emergency nurses have the opportunity to contribute clinical expertise and lived frontline practice experiences to civic engagement with a unique and compelling perspective. ENA members and affiliates engaged in addressing national suicide prevention globally can find policy guidance in the 2018 World Health Organization's *National Suicide Prevention Strategies: Progress, Examples and Indicators*.⁷

Suicide risk is one of many clinical factors the emergency nurse addresses in everyday practice that is also relevant to the recent decline in life expectancy statistics. In this issue of JEN, readers will find the ENA Position Statement, *Firearm Safety and Injury Prevention*.⁸ This position statement addresses both suicide and homicide prevention by emphasizing the practice of screening patients who are assessed to be a potential danger to themselves or others for access to firearms and safe storage of firearms. In addition, the position statement addresses a gap in research and research funding on firearm safety, illuminating an important opportunity that is ripe for emergency nurse scientist leadership. The ENA and JEN have and will continue to provide resources to address each of the emergency, clinical root causes of population mortality. Together, we can make the difference to reverse the disconcerting trend in life expectancy,

one nurse and one patient at a time. Your knowledge, your practice, your research, and your leadership matters, not only to the patients you care for each day, but for your crucial role in population health.

REFERENCES

- Centers for Disease Control and Prevention. Deaths and mortality. *National Center for Health Statistics*; 2017. <https://www.cdc.gov/nchs/fastats/deaths.htm>. Accessed December 7, 2018.
- Centers for Disease Control and Prevention. Emergency department visits. *National Center for Health Statistics*; 2017. <https://www.cdc.gov/nchs/fastats/emergency-department.htm>. Accessed December 7, 2018.
- World Health Organization. The top 10 causes of death. <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>; 2018. Accessed December 7, 2018.
- Zaleski ME, Johnson ML, Valdez AM, et al. Clinical Practice Guideline: Suicide Risk Assessment. *J Emerg Nurs*. 2018;44(5):505.e1-505.e33.
- Betz ME, Brooks-Russell A, Brandspigel S, Novins DK, Tung GJ, Runyan C. Counseling suicidal patients about access to lethal means: Attitudes of emergency nurse leaders. *J Emerg Nurs*. 2018;44(5):499-504.
- Trump DJ, Executive Office of the President. National roadmap to empower veterans and end suicide [Presidential Document] *Federal Register*. 2019;84(46):8585-8588.
- The World Health Organization. National suicide prevention strategies: Progress, examples and indicators. https://www.who.int/mental_health/suicide-prevention/national_strategies_2019/en/; 2018. Accessed March 14, 2019.
- Winger J, 2018 ENA Position Statement Committee. Firearm safety and injury prevention. Emergency Nurses Association Position Statement. *J Emerg Nurs*. 2019;45(3):295-305.