Editorial Material: 20 Things You Didn't Know About European Cardiac Nurses

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Linköping University Post Print

N.B.: When citing this work, cite the original article.

Original Publication:

Tiny Jaarsma and Anna Strömberg, Editorial Material: 20 Things You Didn't Know About European Cardiac Nurses, 2014, Journal of Cardiovascular Nursing, (29), 4, 291-292.

<http://dx.doi.org/10.1097/JCN.0000000000000109>

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Postprint available at: Linköping University Electronic Press

<http://urn.kb.se/resolve?urn=urn:nbn:se:liu:diva-109248>

20 things you didn't know about European cardiac nurses

Tiny Jaarsma and Anna Strömberg

1. A nurse in Europe can have different titles/names, for example sister, matron (United Kingdom), sjuksköterska (Sweden), verpleegkundige (Netherlands), krankenschwester (Germany), infirmière (France), or slaugytoja (Lithuania).
2. Every country within Europe has its own unique health care system, medical and nursing education programs and professional roles and responsibilities. This poses a major challenge to collaboration and implementation of research findings. But at the same time, it makes it very interesting and rich to learn from each other.
3. Addressing the doctors in the CCU, specialist clinic or general ward also differs considerably among countries, ranging from 'Herr doctor' to 'Peter'
4. The title of 'specialist nurse' differs between the European countries. In many of the countries of the European Union specialist nurses are trained after acquiring the general care nurse qualification. In most of the countries, postgraduate training specialization does not change the nurse's title or profession. Often the raise in salary is limited despite one or two years of additional education, more advanced roles and responsibilities. With specialization the gap between nurses and doctors sometimes gets smaller... and sometimes not.
5. The shortage of nurses is a big problem in many European countries, affecting both the working situation of cardiac nurses as well as patient care.
6. In Europe the nursing profession is dominated by women, although the nurse managers more often (not always!) are men. Also the look and feel of uniforms differs a lot within Europe. Although the traditional 'nurse cap' is still worn by nurses in some countries (but not by the men!), most nurses in Europe have a more modern dress. However, the uniform is typically more formal and less colorful than the scrubs worn in the US. Uniform are changed daily and hospitals provide and wash the uniforms, which is both hygienic and convenient, so we can't complain too much.
7. The first specialist heart failure clinic was established in 1990 Linköping, Sweden with independent roles for heart failure nurses. In Sweden most hospitals have a nurse-led heart failure clinic. This example was followed by several countries in Europe. A survey in 2005 revealed that only 7 of the 43 EU countries reported having a heart failure management program in more than 30% of their hospitals. This number has probably increased over the last few years though, since implementation of nurse-led clinics has received broad attention in several European countries.
8. The educational level of cardiac nurses differs widely in Europe. In some countries nursing schools are not part of the university system and in these

countries there are few if any Masters or PhD prepared nurses. In other countries a Masters degree is very common and the number of cardiac nurses with a PhD is increasing rapidly.

9. The nurse practitioner role only exists in a few EU countries and very rarely in cardiology/cardiac surgery. The United Kingdom and Ireland are probably the countries with most nurses working as independent prescribers.
10. Since 1991, cardiac nurses have been actively involved in the European Society of Cardiology. In 1991 the Working Group on Cardiovascular Nursing was established. From this working group The Council on Cardiovascular Nursing and Allied Professions (CCNAP) developed, which was officially launched in Barcelona on 5 September 2006.
<http://www.escardio.org/communities/councils/CCNAP/Pages/welcome.aspx>
11. The official journal of the CCNAP is the European Journal of Cardiovascular Nursing.
12. UNITE is a collaborative research group that was established as part of the Working Group on Cardiovascular Nursing. The principle aim of the UNITE study group is to successfully undertake international research that has a significant impact on the care of cardiac patients. This collaborative group has described the roles and opinions of nurses in Europe on issues such as the presence of family members during cardiopulmonary resuscitation, heart failure clinics, and specialized care for adult patients with congenital heart disease in Europe.
<http://www.escardio.org/communities/councils/CCNAP/about/CCNAP-Committees/Pages/council-nursing.aspx>
13. Most European countries have their own national cardiovascular nursing society and all these societies are invited to collaborate with the CCNAP in the committee of National Cardiovascular Nursing Societies.
14. European nurses love to travel to international conferences and the recent European EuroHeartcare conferences were in Copenhagen and Glasgow. The next conference will be in Stavanger, Norway from 4-5 April 2014. Cardiac Nurses from Europe also increasingly contribute to meetings in other parts of the world, for example the meetings of the American Heart Association.
15. The most discussed issue in the evaluation of a conferences is the quality of the 'lunch' and considering the wide variety of lunch traditions in Europe (varying from a sandwich to a full meal including wine), this is not strange
16. European cardiac nurses are not very accustomed to receiving 'awards' and prizes'. This might provide some cultural insights indicating that 'we do our jobs and should not be rewarded for that' or 'one should not stick out'.
17. Within the field of cardiovascular nursing in Europe the number of nurses with a PhD is estimated to be only 200-300, which seems rather low to serve a population of 733 million European citizens in whom cardiovascular disease is the primary cause of death.
18. The European Union has a program funding research and innovation, with the upcoming HORIZON 2020 program that will run from 2014 to 2020 with an

€80 billion budget. There will be dedicated funding for projects that address major concerns such as climate change, developing sustainable transportation and mobility, and coping with the challenge of an ageing population.

19. Use of terms that seem obvious in cardiac care might differ across countries. For example in the Netherlands self-care is a concept that is used by several health care professions (nursing, medicine, physical therapy). It is also used to describe medications that people have to buy for themselves (i.e. over-the-counter medicines). In Sweden self-care is a well-known word, but it has a general meaning, less about disease-specific self-care. At the same time, in Italy self-care is not a familiar concept.
20. The most famous European nurse was probably Florence Nightingale, however she did not work in cardiovascular care...