

# Cardiovascular Nursing: From Florence to Melbourne<sup>☆</sup>



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This paper, based on the 2015 CSANZ Cardiovascular Nursing Lecture, takes its title from the invitation to give this lecture in Melbourne being received when the author was visiting Florence, after whom Florence Nightingale, the founder of modern nursing, is named. Her work has indirectly shaped and influenced cardiovascular nursing, which has developed over the past 50 years.

Despite its relatively short history, cardiovascular nursing has made a major contribution to improving the cardiovascular health and well-being of patients and families through health promotion, risk reduction and disease prevention. Examples include cardiac rehabilitation and secondary prevention and chronic heart failure disease management. Challenges, however, remain, including nurses practising to the full extent of their education and training, working as full partners with physicians and other health professionals in redesigning healthcare, ensuring better data collection and being more active in advocacy and policy initiatives. Cardiovascular nursing has a strong record of innovation but should always remember that it is there to serve the public and, bearing in mind the risk of potential harm versus benefit, be mindful of Florence Nightingale's wise counsel, "First, do no harm".

The work of Florence Nightingale (1820-1910) has shaped and influenced the nursing profession over the past 150 years. Nightingale was not only the founder of modern nursing but a major public health and social reformer and passionate statistician. Educated in Greek and Latin, mathematics, natural science, ancient and modern literature, German, French and Italian, she pioneered the measurement of outcomes and the use of statistical tests and their display, including Nightingale's Coxcombs [1]. In her *Notes on Nursing: What it is, and What it is not*, she defined nursing as creating the conditions to heal – fresh air, good nutrition, comfort, rest and emotional support [2], and in her *Notes on Hospitals* she stated, "The very first requirement in a hospital is that it should do the sick no harm" [3]. In 1860, she established the Nightingale School of Nursing at St Thomas' Hospital in London, the first scientifically-based nurse training school. Much of Nightingale's work remains just as relevant today [4].

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## Modern Nursing

Nowadays, nursing is recognised as a profession and the definition of nursing propounded by Virginia Henderson, "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge" [5] was adopted by the International Council of Nurses [6].

There is little doubt that nurses and nursing are major contributors to contemporary healthcare provision: nurses often spend more time than any other healthcare profession

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with patients and families and can have a major impact on health outcomes - quality, experience and safety [7,8]. Nurses also generally comprise the major proportion of the health-care workforce and consume the major portion of staff expenditure. For example, in Australia in 2014, of the 610,148 registered health practitioners, over half (352,838) were nurses or midwives - over three times the size of the next largest group, medical practitioners [9]. Although effectiveness (including cost-effectiveness) and efficiency are important considerations, these should not be at the expense of the central attributes of good nursing care – compassion, communication, competency and commitment [10].

It could be argued that the proclivity of contemporary nursing to focus on issues such as new roles and titles (e. g. Advanced Practice Nurse, Clinical Nurse Specialist, Nurse Consultant, Practice Nurse, Family Practice Nurse) [11] – and the fragmentation, regulation, bureaucracy and ‘turf wars’ that often ensue – frequently overshadows its prime duty: concern for the humanity and dignity of patients. Nursing is fortunate in that its image remains well regarded among the public, who generally hold the profession in high esteem and with trust and respect [12].

## Cardiovascular Nursing

Cardiovascular nursing has been a rapidly growing specialty since the 1960s, with cardiac nursing having its roots in coronary care units in the UK, Canada, US, and Australia. In order to gain recognition and status, a number of key national organisations were founded in the US (the Society for Peripheral Vascular Nursing in 1982 and the Preventive Cardiovascular Nursing Association in 1992), Europe (the European Society of Cardiology Cardiovascular Nursing Council in 1999 and the British Association for Nursing in Cardiovascular Care in 2002) and Australasia (the Cardiac Society of Australia & New Zealand Cardiovascular Nurses Council in 2004 and the Australasian Cardiovascular Nursing College in 2006). Some of these bodies are very well-established with their own journals [13], scientific conferences and education programs, and a strong affiliation to their national cardiovascular societies. In addition, many of these countries have universities which have established Chairs in cardiovascular nursing. However, one of the consequences is that, in their desire to gain acceptance or credibility, some individuals or institutions have renamed the Chairs or holders with titles such as ‘cardiovascular care’ or ‘chronic cardiac care’, which has the danger of devaluing the impact, visibility and relevance of cardiovascular nursing [14].

Cardiovascular nursing has at times been preoccupied with issues such as whether it is a science or an art, when in reality, like medicine, it is both; and whether to focus on education, practice, management, policy or research, when again the reality, like medicine, is a bit of each, though to varying degrees. More pressing challenges, it may be argued, are defining the role and remit of cardiovascular nursing, determining whether and to what degree it collaborates

within itself and with other disciplines, notably medicine, at local, national and international levels, and demonstrating what the impact and reach of its work is among the public and profession.

## Education and Training

As a practice-based discipline, nursing often claims that it wants ‘knowledgeable doers’. Thus there is an expectation that nurses require a high level of education (teaching and learning as well as research) and training in clinical skills. It is certainly important that cardiovascular nursing recruits and retains high calibre practitioners as well as students and faculty, especially when the average age of the latter is in the late 50’s in most countries. To make this attractive and competitive, there is more choice of, and easier access to, education and training initiatives, particularly with the advent of massive open online courses (MOOCs), but this often has to be tempered with the demands of the clinical environment as well as for continuing education and professional development. Some bodies, such as the European Society of Cardiology, have developed a core curriculum for cardiovascular nurses [15], which is to be lauded, but there remain issues around accreditation and certification. Nurses need to be committed to a continual process of life-long learning, which is imperative to improving professional accountability.

One of the pressing gaps in higher education, it could be argued, is the lack of clear differentiation in types of program offered, their tenuous relevance to the real, rapidly changing world of contemporary healthcare and the dearth of stimulating scholarly debate and collegiality which often inspires creativity and innovation. It is important not to overlook the ‘symbiotic synergy’ of teaching and learning, research and clinical practice. Finally, nurses should, where appropriate, participate in multidisciplinary education as this promotes collaborative practice and research which is likely to ensure optimal quality patient care.

## Research

Cardiovascular nursing research has developed considerably from its early days around five decades ago, but perhaps more attention is needed regarding its focus, substance and depth and breadth [16]. Most nursing research remains typically at small scale, individual project level and there is a pressing need for a shift to programmatic research. In today’s competitive environment with increasingly limited funding, it is likely that only multi-trans-disciplinary research will be rewarded. Indeed, cardiovascular nursing should probably be developing national [17] and international [18] collaborations to attempt to address increasingly global research questions and health problems. This is not to discount other important questions that cardiovascular nursing may have, but it is more likely that they will be addressed by teams of

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