Heart failure nurses, are they all alike? a substudy of the INTERACT-in-HF study: improving knowledge transfer to efficaciously raise level of contemporary treatment in heart failure

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Background: The ESC guidelines state that a multidisciplinary and integrated approach is essential to deal with the challenges that heart failure (HF) brings to health systems. Subsequently, the ESC identifies heart failure nurses (HF-nurses) as part of this multidisciplinary team. The INTERACT-in-HF study investigates current practice in chronic heart failure care in three different European regions (Flanders, the Netherlands and Germany).

Purpose: This research aims to identify the differences and similarities between HF-nurses in Flanders, the Netherlands and Germany.

Methodology: Using a quantitative research design, HF-nurses in Flanders, the Netherlands and Germany were questioned about their age and sex, education level, workplace, hours active as HF-nurse and further education. All members of the Dutch Nursing Cardiovascular Association, the Belgian working group on cardiovascular nurses and German association of HF-nurses received a request for participation. The commercially available statistical program SPSS V 23.0 (IBM) was used for data analysis.

Results: Currently, 23 Flemish, 41 Dutch and 12 German HF-nurses have participated. All of them are experienced in cardiology. Almost all HF-nurses, independent of the region, continued their education after graduating as a nurse. In the Netherlands and Germany, post graduate education is focused on HF, while in Flanders the continued education is more diverse and only few HF-nurses received specific training as HF-nurse. Flemish HF-nurses are significantly younger and higher educated than their Dutch and German colleagues. During the past year, significantly more German and Dutch HF-nurses received further education on HF, mainly organized by their national organization or in their own institution. Very few nurses attended international conferences. German HF-nurses are mostly active in Academic hospitals, whereas most Flemish and Dutch HF-nurses are active in General Hospitals. In all regions, few HF-nurses work full time as a HF-nurse; however, Flemish HF-nurses spend significantly less time on HF-nursing than their Dutch colleagues.

Conclusion: Although HF-nurses are active in chronic heart failure care in these regions, there are significant differences between them considering age, education and working conditions. German and Dutch HF-nurses mainly received in service nursing education whereas Flemish HF-nurses mainly acquired a bachelor degree in nursing.

Because HF-nursing is a relatively new discipline in Flanders and Germany, there are very few HF-nurses in both regions. Furthermore, German and Flemish nurses have to combine HF-nursing with other tasks, whereas Dutch nurses mainly take care of HF-patients only.