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A brief history of British cardiac nursing and achievements

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Editorial

A brief history of British cardiac nursing

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In this editorial covering the period from the 1960s to the present day we, each as the first British Professors of Cardiovascular Nursing with around eight decades' clinical and academic experience between us, aim to provide a succinct chronological overview of the development of British cardiac nursing. We describe the shift in emphasis of the cardiac nursing role from one with a predominantly physical and technical focus to a broader perspective encompassing the psychological, social and spiritual dimensions of care and the inclusion of families/caregivers, and the growth of interprofessional collaboration. We cover the evolving role of the nurse in contemporary cardiovascular care, such as reducing health inequalities, improving health literacy, preventing disease and using technology.

1960s: the coronary care era

We have described elsewhere the history and development of coronary care (Quinn & Thompson, 1999). Suffice to say, that Eugene Braunwald (1998) described the coronary care unit (CCU) as the single most important advance in the treatment of acute myocardial infarction. The concept of the CCU was proposed by Desmond Julian (1961), who has described its evolution (Julian 2001).

In his seminal paper, Julian (1961) noted that 'Many cases of cardiac arrest associated with acute myocardial ischaemia could be successfully treated if all medical, nursing and auxiliary staff were trained in closed chest cardiac massage and if the cardiac rhythm of patients with acute myocardial infarction were monitored by an electrocardiogram linked to an alarm system' (p.843). He thus recognised that nurses were central to the success of coronary care.

1970s: emergence of cardiac nursing

The early 1970s was typified by 'in-service training' for CCU nurses in cannulation, defibrillation and intubation, so that nurses could respond quickly and effectively. The focus at this time was

very much on arrhythmia detection and suppression and many nurses, us included, spent hours poring over textbooks on ECGs and how to recognize cardiac arrhythmias.

In the late 1970s, cardiac nursing case studies (e.g. Thompson, 1978) began to be published in the major professional nursing journals, the *Nursing Mirror* and *Nursing Times*.

1980s: the 'New Nursing' movement

The 1980s was an exciting decade in nursing generally, and cardiac nursing specifically. This was a period that witnessed major and rapid change, firstly with the advent of the concept of nursing role extension being augmented with role expansion, typified by a shift from essentially physical and technical aspects of care to a more holistic approach that also included psychosocial and spiritual dimensions of care. This was accompanied by the move from traditional ways of nursing work being organized around tasks - task nursing - based more on ritual and routine - to providing more in-depth care to a small group of patients - team nursing – and later, primary nursing, often symbolised by the phrase 'my nurse, my patient'.

Of more direct relevance to cardiac nursing was the advent of specialist roles such as cardiac clinical nurse specialists and practitioners, the growth of hospital based cardiac rehabilitation, and the emergence of cardiac nursing research specialist roles.

The early 1980s saw the publication of first British book on cardiac nursing (Thompson 1982) and the first articles describing the nurse's role in coronary care (Thompson 1982, Townsend & McCulloch 1982). Shortly after, in 1983, David Thompson became the first nurse to be elected a member of the British Cardiac (now Cardiovascular) Society. In 1985, a new quarterly journal, *Intensive Care Nursing*, was launched, edited by Pat Ashworth, which published a variety of research reports, reviews and editorials on coronary care and cardiac nursing topics. In the late 1980s cardiac nursing research studies to examine the psychological reactions of cardiac patients and their partners, and trials to evaluate nursing interventions designed to alleviate their distress, started to emerge (Thompson 1990).

1990s: cardiac nursing comes of age

In 1990, for the first time a national body – the Association of British Cardiac Nurses (ABCN) - was initiated by Tom Quinn in collaboration with a small but influential band of interested colleagues. The ABCN held its first conference in York and attracted national figures in cardiac nursing and cardiology. The ABCN became an authoritative forum and voice for cardiac nurses across the UK and in 1995 became affiliated to the British Cardiac (later Cardiovascular) Society. In 1999 it became the British Association for Nursing in Cardiovascular Care.

In 1991, the European Society of Cardiology (ESC) established a Working Group on Cardiovascular Nursing, led by Ann Townsend from Newcastle and her Swedish colleague Atie Immink. Tom Quinn subsequently became the Chair. This Working Group was later to extend its membership to allied professions and transform itself into the Council for Cardiovascular Nursing and Allied Professions (CCNAP), and more recently into an Association (ACNAP) of the ESC, with Christi Deaton, then at Manchester, as inaugural President. British cardiac nurses have over recent years held influential positions at Board level across a range of sub-specialty ESC working groups and associations, including acute cardiovascular care, prevention and rehabilitation, and heart failure.

Other developments during the decade which impacted on cardiac nursing were the emergence of the evidence-based medicine movement in 1991, and shortly thereafter evidence-based nursing, and the establishment of the Cochrane collaboration in 1993.

In 1992, David Thompson was the first cardiac nurse to be elected a Fellow of the Royal College of Nursing, and in 1994, Anne Townsend was the first nurse to be elected a Fellow of the ESC, followed by Tom Quinn in 1996 and David Thompson in 1998. Many UK nurses have subsequently gained this distinction.

In terms of advances in cardiac nursing practice, Jane Caunt (1996) was establishing herself as an Advanced Nurse Practitioner and introducing the concept of nurse-led

thrombolysis in Scarborough. Tom Quinn described for the first time the concepts of nurse-initiated thrombolysis (Quinn, 1995) and nurse-led elective cardioversion (Quinn, 1998). While around this time, David Thompson (1997) had led the development and production of the first UK national guidelines and audit standards for cardiac rehabilitation. The cardiac nursing voice was also prominent in establishing the Myocardial Ischaemia National Audit Project, currently one of the world's largest datasets on quality of care for people with acute coronary syndromes. (Birkhead et al., 1999, Wilkinson et al., 2020). The end of the decade saw the introduction of consultant nurses, as described by one of the earliest cardiac nurse consultants, Alison Pottle (2008).

2000-2022: cardiovascular nursing has impact

The role of the cardiac nurse continues to evolve and has changed markedly from that of the coronary care nurse (Caunt 1992, Jones & Johnson 2008). Since the beginning of the 21st century there has been a significant growth in and impact made by cardiac nurses, with many developing, leading or coordinating new clinical initiatives, such as nurse-led cardiovascular disease prevention, management and rehabilitation (Thompson et al., 2002). The British Heart Foundation (BHF) has been a major supporter of specialist nurses in a variety of areas and invested heavily in areas such as cardiac rehabilitation, heart failure management, genetics, and atrial fibrillation detection (BHF 2011), and in recent years supporting the development of clinical academic careers (BHF 2019).

Importantly, nurses were influential in major policy initiatives pertaining to British cardiac nursing and cardiovascular care. The key one (in England) was the National Service Framework for Coronary Heart Disease (Department of Health, 2000) as the first 10-year strategy by a national government to systematically improve cardiovascular care from diagnosis to rehabilitation and aftercare. Tom Quinn was seconded to the Department of Health as Section Head of the 'Heart Team' and was instrumental in shaping the framework and its delivery

through his close working partnership with the National Director for Heart Disease, (now Sir) Roger Boyle, professional society and Royal College leaders, patient representatives and Ministers and officials.

Also in 2000 the first Masters degree (MSc) course in Cardio-Respiratory Nursing was launched at Imperial College and led by two cardiac nurses - Ian Bullock and later Jill Riley.

The beginning of this decade saw a proliferation of research papers being published by British cardiac nurses. We (Quinn et al., 2000) published the first study to examine CCU nurses' decisions on the suitability of transferring chest pain patients from a cardiac unit to a ward. A year later, Lynda Blue (2001) published a seminal paper on nurse-led heart failure clinics showing that specially trained nurses can improve the outcome of patients admitted to hospital with heart failure. The following year, Rose Webster (2002) published the first study of the needs and experiences of South Asian patients and partners during convalescence after a myocardial infarction, and one of us (Thompson et al., 2002) published the first study to develop and validate a myocardial infarction disease specific quality of life instrument. Numerous other studies by British cardiac nurses have followed.

In 2002, the *European Journal of Cardiovascular Nursing* was launched. Part of the ESC family, it was the official journal of the Working Group of Cardiovascular Nursing (now Association of Cardiovascular Nursing and Allied Professions). One of the founding editors and a number of members of the editorial board were British. This peer-reviewed, international journal, dedicated to the advancement of knowledge in cardiovascular nursing, has since its inception become, at the time of writing, the second highest ranked (out of 122) nursing journal in the world in terms of impact factor.

In the same year, the first major British multi-authored textbook on the subject, *Cardiac Nursing: A Comprehensive Guide* (Hatchett & Thompson, 2002), was published and contained contributions from a wide spectrum of cardiac nurses.

In 2006, the *British Journal of Cardiac Nursing* was launched as the UK's only monthly journal dedicated to cardiac nursing, with a particular clinical and professional focus.

Other notable developments included the first European Society of Cardiology core curriculum for cardiovascular nursing, led by a British cardiac nurse Felicity Astin (2015). Finally, just this year witnessed the publication of the first European book on the subject, *ESC Textbook of Cardiovascular Nursing*, edited, with the exception of one, by five British cardiac nurses (Jennings et al., 2022). British cardiac nurses have made important contributions to other ESC textbooks focused on specialty and sub-speciality practice (e.g. Quinn & Swahn, 2015)

Achievements

This brief survey of British cardiac nursing illustrates the progress made to date over its relatively short history. Significant contributions and achievements include:

- Patient/family education/counselling programmes to improve outcomes e.g. knowledge, satisfaction, adherence, self-care, quality of life, emotional distress, physical distress, pain, fatigue, social isolation, loneliness
- Innovative services e.g. cardiac rehabilitation and secondary prevention; acute chest pain care, heart failure management; telehealth; AF detection/management; psychosocial care; palliative care, genetics.
- Patient-centred health outcome and experience instruments
- Patient/carer involvement: care/research co-design/production

Challenges

Despite these achievements, much remains to be done and significant challenges include:

- Demonstrating high quality, safe, effective and efficient care in an era of limited resources

- Delivering care in a variety of settings according to patient choice and preferences e.g. hospital, community, home or remote
- Ensuring
- Addressing complexity and uncertainty e.g. ageing, social isolation, multiple morbidity
- Getting the right staff and skill mix and ensuring proper role preparation, providing a clear remit and lines of accountability
- Developing innovative, flexible, needs-led services
- Practising to the full extent of one's education, training and experience
- Building the evidence base for cardiac care
- Working as full collaborative partners with patients, families and colleagues
- Keeping pace with new knowledge and technology, and public and professional expectations

We are confident that nurses will continue to thrive and rise to such challenges provided they are given the right support, sufficient resources, clear leadership and proper recognition.

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