# GUIDANCE STATEMENT

# PROMOTING NURSES GLOBALLY AS LEADERS IN CARDIOVASCULAR DISEASE PREVENTION & MANAGEMENT

## Purpose

## This document has been created by the Global Cardiovascular Nursing Leadership Forum (GCNLF) and is intended for meetings with stakeholders, ministers of health, and cardiovascular care teams to relay the important role nurses can play in CVD prevention and management. It includes statements from leading health organizations and cites specific clinical studies that demonstrate that nurses involved in patient management have more success in meeting CVD prevention goals.

The Global Cardiovascular Nursing Leadership Forum (GCNLF) Supports the Important Role of CV Nurses

Recognizing that nurses comprise the largest healthcare discipline managing CVD risk factors and preventing risk for CVD, the Preventive Cardiovascular Nurses Association (PCNA) initiated the GCNLF in 2014.

Compelling data from clinical trials and meta-analysis supports the vital role of nursing in CVD and stroke prevention:

* CVD risk reduction efforts should be led by nurse-directed teams that include community health workers, nutrition, counseling, and other services that are located at hospitals, clinics, or community centers. 1,2
* Team-based, guideline-directed, nurse case management has the potential to affect positive change in both primary and secondary prevention of CVD. 3,4
* All-cause mortality and acute myocardial infarction are improved with secondary prevention programs. Of note, 45% of the clinical trials included in the meta-analysis were nurse led or nurse managed.5

GCNLF was launched in collaboration with cardiovascular nursing leaders from the American Heart Association’s Council on Cardiovascular and Stroke Nursing, the European Society of Cardiology’s Association of Cardiovascular Nurses and Allied Health Professions and other global nursing organizations.

The mission of the GCNLF has been to engage and mobilize an international community of nurses to promote prevention of CVD and stroke worldwide through research, education, policy, and advocacy.

Major goals of the GCNLF are to champion a global nursing movement for CVD and stroke prevention across the life span of all individuals and families; empower nurses worldwide on the science and practice of health promotion and CVD and stroke prevention; and empower nurses as leaders in CVD and stroke prevention.

One major goal-related initiative is the Cardiovascular Nursing Certificate Program designed to enhance knowledge and skills in cardiovascular care and support career development.6

The collective activities of the GCNLF support and advocate for the World Heart Federation goal of a 33% reduction of premature mortality caused by non-communicable diseases by 2030. This 33 X 30 goal requires effort at local, regional, and national levels. It requires intensive efforts from all health care practitioners. Nurse leaders in cardiovascular care are uniquely positioned to play a leading role in reducing and managing CVD globally and in advocating for the resources and multi-level policies necessary to realize the 33 x 30 goal.7

## Global Cardiovascular Disease (CVD) Risk8,9

* CVDs (stroke and coronary heart disease) are the number one cause of death globally.
* Close to 19 million people died from CVDs in 2019,representing ≈33% of all global deaths; 15.8 million of these deaths were due to heart attacks and stroke.
* 3/4 of CVD deaths take place in low- and middle-income countries.
* Many cardiovascular diseases can be improved or, in certain cases, prevented by addressing behavioral, psychosocial risk factors and social determinants of health:
  + Risk factors include tobacco use, unhealthy diet, obesity, physical inactivity, hypertension, diabetes, stress and depression, and harmful use of alcohol.

## Current Trends in Nursing

Cardiovascular nurses demonstrate leadership not only in administrative and managerial roles/titles but also through research and engagement efforts across the profession. Cardiovascular nurse leaders participate in collaborative, interdisciplinary partnerships, advocate on behalf of nursing and patient communities, and share best practices with other healthcare professionals.

Additionally, cardiovascular nurse leaders are resilient in an ever-evolving profession: through ongoing career development via formal and informal channels, these leaders exemplify their commitment to increasing their knowledge, enhancing their skills, and advancing the nursing profession.

* Global Nurse Workforce10
  + The global nursing workforce in 2020 was 27.9 million, of which 19.3 million were professional nurses.
  + 89% of the global nursing shortage is concentrated in low-income and lower-middle-income countries.
  + The greatest gaps are apparent in the African, South-East Asia, and Eastern Mediterranean regions.
* Community Health Workers11

Community health workers (CHW) include community health advisors, lay health advocates,

outreach educators, community health representatives, peer health promoters, peer health

educators and others who:

* + Can be trained and deployed quickly to alleviate primary health care provider shortages.
  + Frequently serve as intermediaries between the local community and primary health workers.
  + Have been shown to be cost-effective.
  + Boost adherence to non-communicable disease prevention and management.
  + Create greater community trust in the health system.
  + Are trusted, bilingual, can provide data collection, outreach and case management, and culturally responsive public health interventions.12
  + Promote linkages with local health care providers and CVD risk reduction programs.13

On the Frontlines: Nursing in the Age of COVID-19

Nurses have demonstrated how their unique positioning on healthcare teams positively impact the global effort to treat and contain COVID-19 and continue to face unprecedented challenges in the wake of the pandemic.

* Nurses are well positioned to communicate the benefits of vaccination to the general population. 14
* Unprecedented challenges: 15,16 
  + Burnout, already an epidemic among nurses, is of concern. Historically, clinicians show up during turmoil, but the compounding post-traumatic stress, moral distress, and injury manifests into the growing nursing shortage.
  + Retired nurses have been redeployed to administer COVID-19 vaccines, helping to accommodate for healthcare staff shortages needed for the undertaking of vaccine administration.
  + With decreasing capacity to serve patients, nurses have been faced with having to shift their ethical obligations of patient well-being towards triage style/public health minded care.
* Studies show that practicing compassion within the clinic setting results in decreased nurse stress and higher patient satisfaction.
* COVID-19 results in multiple cardiovascular complications, including myocarditis, cardiac arrhythmias, and cardiovascular events. CV patients are especially at risk for a cardiovascular event in relation to a COVID-19 diagnosis. 17

The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity18

* + - * Nurses are prepared to act individually, through teams, and across sectors to meet challenges associated with an aging population, access to primary care, mental and behavioral health problems and elimination of the disproportionate disease burden carried by specific segments of populations.
      * Nurses are fully engaged in addressing the underlying causes of poor health. Individually and in partnership with other disciplines and sectors, nurses act on a wide range of factors that influence how well and long people live, helping to create individual-and community targeted solutions, including health in all policy orientations.
      * Health care systems enable and support nurses to tailor care to meet the specific medical and social needs of diverse patients to optimize their health.
      * Nurses’ overarching contributions are quantified, extended, and strengthened including the removal of institutional and regulatory barriers that have prevented nurses from working to the full extent of their education and training.
      * Nurses and other leaders in health care and public health create organizational structures and processes that facilitate the profession’s expedited acquisition of relevant content expertise to serve flexibly in areas of greatest need in times of public health emergencies and disasters.
      * Nurses attend to their own self-care and help to ensure that nurse well-being is addressed in educational and employment settings through the implementation of evidence-based strategies.
      * Nurses focus on preventive person-centered care and have an orientation toward innovation, always seeking new opportunities for growth and development.

## Key Takeaways

## Cardiovascular disease (CVD) represents 33% of deaths, globally resulting in the #1 cause of death.

## Cardiovascular nurses are imperative to managing CVD prevention, however, there is a nationwide shortage of nurses, particularly in low- and middle-income countries.

## Employing community health workers is a cost-effective alternative to cardiovascular nurses; they can be the link between health care providers and CVD risk prevention programs.

## Nurses are best positioned to meet the needs of patients with CVD. They are trained to focus on underlying causes/social determinants of health to inform treatment plans.

## While nurses are best positioned to assist in the education and care during the COVID-19 Pandemic, it has placed a larger burden of stress on nurses, resulting in a host of unprecedented challenges.

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