Germany, and what changes have they put into practice since their training as heart failure nurses?

**Methods:** The survey was carried out among participants who had successfully completed their training as heart failure nurses at the German Society for Health and Nursing Science by December 2010. They were asked to answer the following questions in writing: 1. What are your objectives in undergoing further training? 2. What have you been able to put into practice in your field of work since your training? The answers are shown in the results as in vivo codes expressing the degree to which goals were achieved. An abstract analysis was not carried out.

**Results:** Of the 17 persons questioned all 17 (100%) answered the questions. Ten of the graduates stated that they had fully achieved their goals; three said they had been partially successful; and four stated that they still had not attained their objectives. More than half of the graduates have created and implemented informational flyers or brochures for their particular institutions. Lectures for people interested, counselling for patients and their relatives, as well as training sessions and educational courses have been performed. Furthermore, cooperation with health insurance services and visits for training purposes to nursing staff in neighbouring European countries have been initiated.

**Conclusions:** Various approaches have already successfully been put into practice. However, in Germany the resource of highly specialised nursing staff for heart failure patients is still under-utilised. In order to improve nursing services in this area, to make the job description of HFN more widely known, and to promote networking between specialties, in 2010 graduates of the course founded the German Working Group of Heart Failure Nurses.

**Translation and validation of the family functioning, Health and social support (FAFHES) questionnaire among danish outpatients with heart failure and their next of kin.**

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**Abstract:** Admission to a nurse-led heart failure clinic with specialized health professionals is standard for Danish heart failure rehabilitation. This study is part of a larger randomized multi-center trial seeking to evaluate the effect of Family Focused Nursing versus conventional treatment of heart failure outpatients with special attention at health-related quality of life, illness management, re-admissions and mortality. The final aim of the large study is to increase the treatment effectiveness by improving the patient’s health related quality of life. In order to measure the effect of the Family Focused Nursing intervention on family functioning, family health and social support from the nurses, the Family Functioning, Health and Social Support (FAFHES) questionnaire is adopted. The questionnaire developed with three scales (and 62 items) and subsequently validated among Finnish families of cardiac patients in two independent clinic settings.

**Purpose:** To translate and validate the FAFHES questionnaire in a Danish setting.

**Methods:** The translation from Finish to Danish was a double process consisting of a translation and re-translation process using two independent Finish speaking persons; one resident in Denmark, the other in Finland. The Danish version FAFHES-DK was face-validated among 18 outpatients with heart failure and their next of kin at three Danish heart failure clinics to assess the quality of the translation. Second the intercorrelation and test-retest reliability of the FAFHES-DK Instrument is tested in a feasibility study based on 46 respondents (23 patients and 23 next of kin).

**Results:** Face validity showed for both patients and next of kin following results. Words as “periodic” and “implement” was difficult to understand wherefore it was changed to “once in a while” and “fit in”. There were comments to the size of types and boxes wherefore these were enlarged in the process. Most items were comprehensible, but there were a few respondents who had problems to distinguish between items including heart pain and items including heart symptoms. Therefore “other than heart pain” was added in parentheses to the items concerning heart symptoms. Furthermore, items concerning heart pain and items concerning heart symptoms were placed after each other instead of randomly in FAFHES. The preliminary findings according to test-retest reliability of the feasibility study will be presented during the meeting.

**Conclusions:** The FAFHES is translated and tested and found valid for use among patients and their next of kin in a Danish heart failure setting.

**The relationship between self-care maintenance and self-care management in heart failure: a structural equation modeling**

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**Background:** Self-care maintenance (symptom monitoring and treatment adherence) is theorized to be the foundation for success in the overall self-care process. This proposition has not been previously tested.