

Improving Knowledge and Attitudes regarding Cardiac Rehabilitation among Advanced Practice Nurses



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Introduction

Despite the compelling long-term benefits of cardiac rehabilitation (CR) on quality of life and mortality, only one-third of patients with post-myocardial infarcts participate in the nation. A lack of provider knowledge and perceptions of CR benefits interplay to hinder the implementation of guidelines based secondary prevention treatment.

Objectives

Determine the effect of a CR educational intervention among APNs with the aim to:

1. Determine existing attitudes and perceptions toward CR
2. Identify facilitators and barriers to CR endorsement
3. Increase CR knowledge by 20% over 12-weeks

Methods

Design: Single group pre/post-test

Setting: Metropolitan teaching hospital in Northeastern US

Sample:

- All APNs working in inpatient cardiology departments

Intervention:

- Three 1-hour face to face sessions
- Multimodal with lectures, visual aid, handout
- Addressed key areas
 - ACC/AHA guidelines
 - CR benefits, eligibility, referral

Measures and Analysis:

- 5-point Likert scale attitude and perception survey, descriptive statistics
- Pre/post 20-item questionnaire: paired t-test
- Program evaluation

•Pre test knowledge

12-wk educational intervention

Post test knowledge

Sample Characteristics

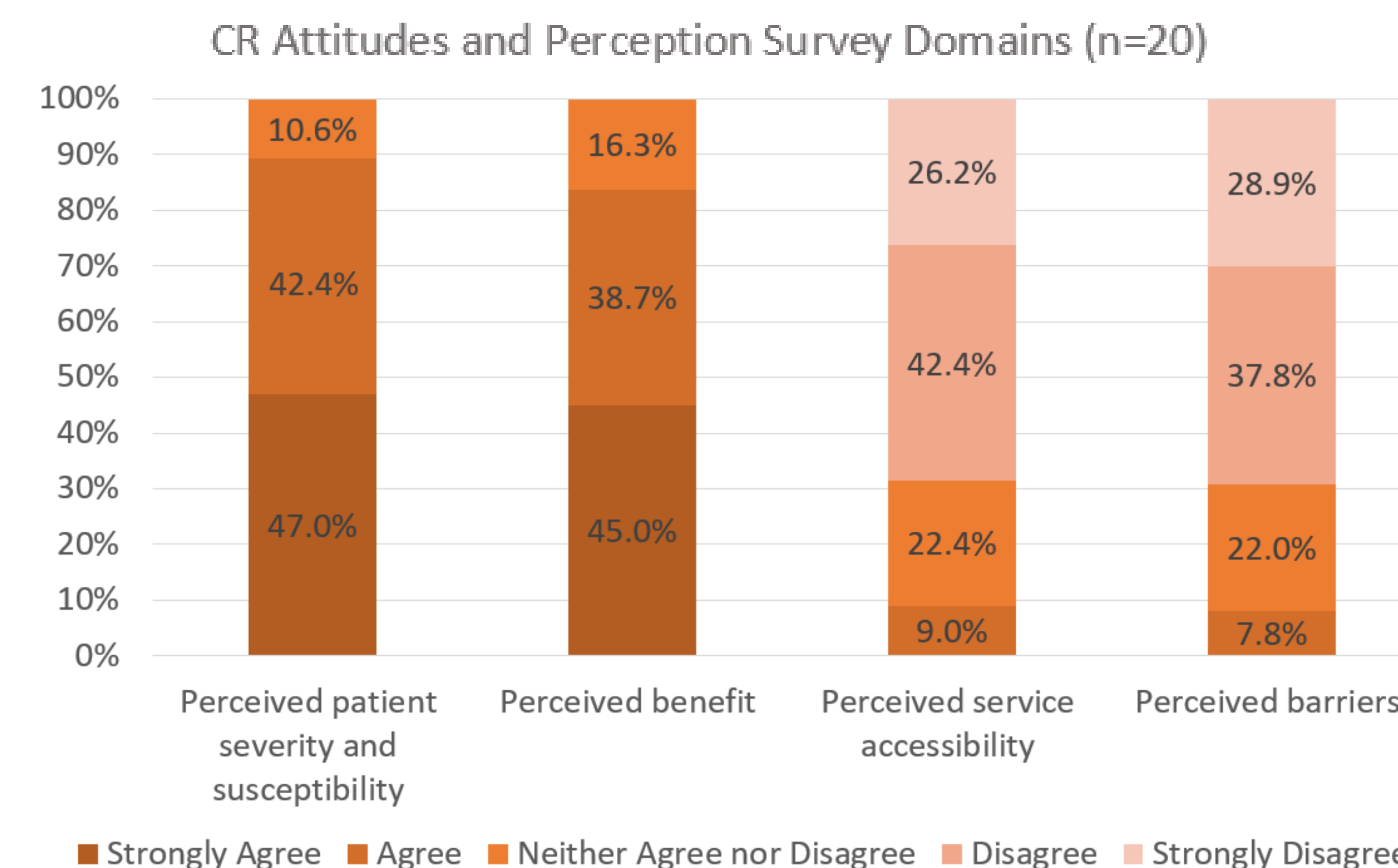
Characteristics of Advanced Practice Nurses (APNs)	(N = 20)
Age, mean (SD)	41.4 (7.4)
Sex, n (%)	
Male	7 (35.0)
Female	13 (65.0)
Years of cardiac experience, n (%)	
0-5 years	3 (15.0)
6-10 years	9 (45.0)
11-15 years	5 (25.0)
16 years and above	3 (15.0)

SD=standard deviation

Results

CR Attitudes and Perceptions

- APNs demonstrated neutral to positive attitudes with four domains emerged as facilitators and barriers of CR endorsement at the bedside.

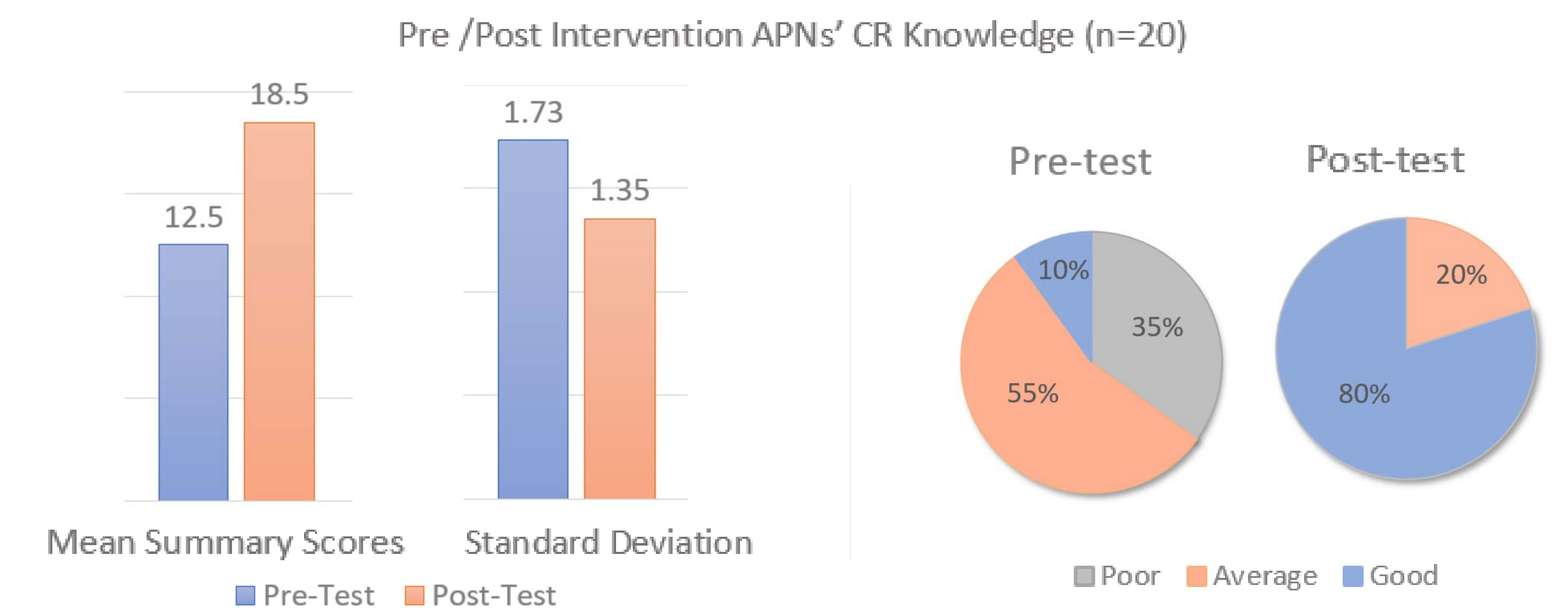


*Higher percentages in the level of 'agree', the higher respondent agreement that influence personal health beliefs when referring patients to CR

Results

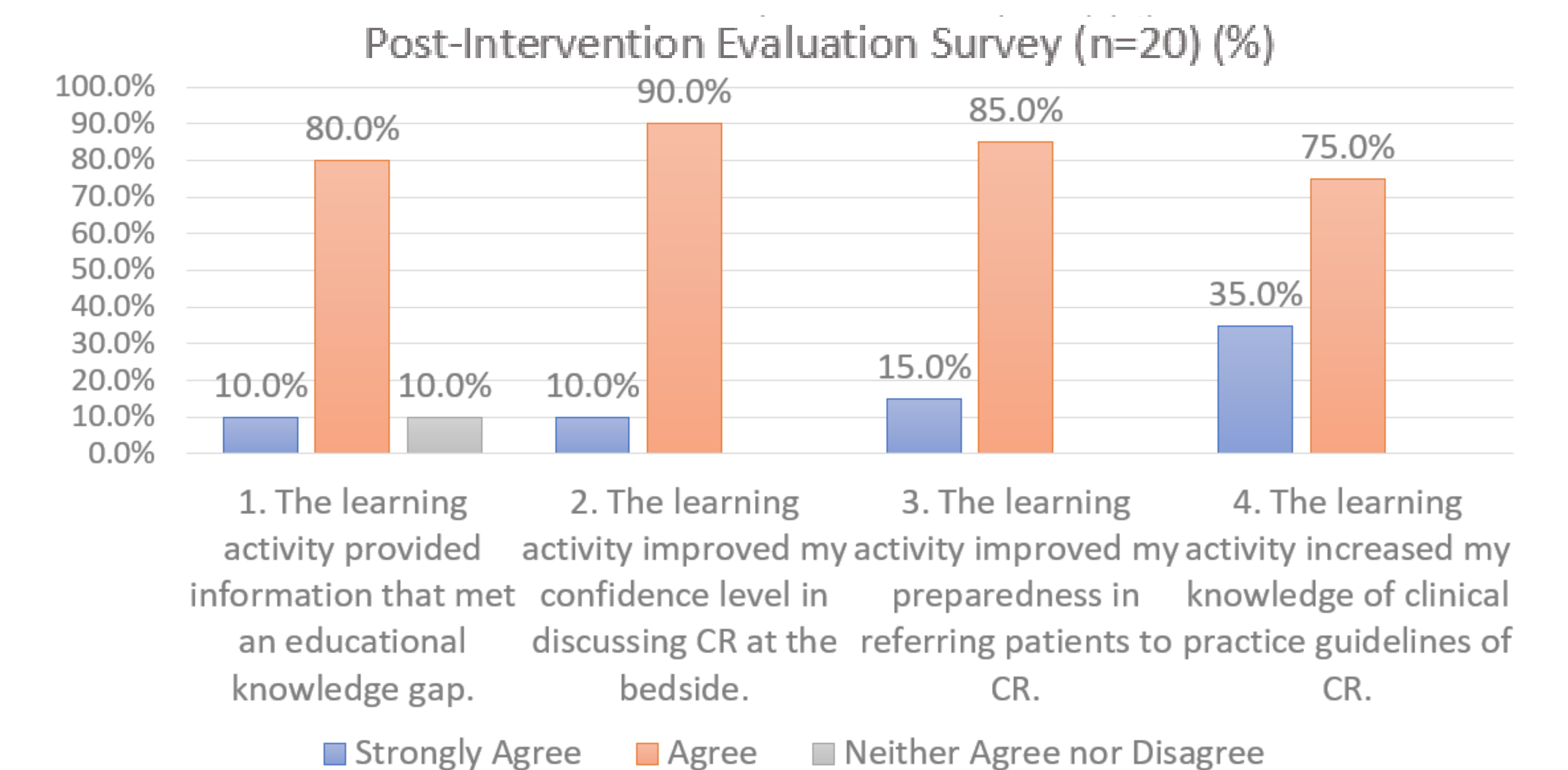
CR knowledge

- The mean knowledge test scores increased by 30% from 12.5 (SD 1.73) to 18.5 (SD 1.35), with $p < 0.0001$.



Clinical Impact

- More than 90% APNs agreed the intervention improved their confidence level in discussing CR at the bedside.



Conclusions

A multimodal educational intervention tailored to APNs is efficacious and feasible in improving knowledge and attitudes of CR. The results support continued expansion for standardized education targeted to frontline providers in addressing potential barriers to patient participation.