Archived at the Flinders Academic Commons: http://dspace.flinders.edu.au/dspace/

This is the authors’ version of an article published in Global Health. The original publication is available by subscription at: http://www.globalheart-journal.com/home

doi:10.1016/j.gheart.2014.03.2437

Please cite this article as:


© 2014 Published by Elsevier Inc. . All rights reserved.

Please note that any alterations made during the publishing process may not appear in this version.
WCC 2014 Abstract submission

Topic area: NURSING / ALLIED HEALTH / CV REHABILITATION (30-32)
Topic area: Nursing
Specific topic: Psychosocial factors / Depression

WCC14-ABS-1154
A pilot study of a post-discharge nurse-led, educational intervention on cardiac self-efficacy and anxiety in post-PCI patients
Katina Corones-Watkins 1,*, Karen Theobald 2, Katherine White 3, Robyn A. Clark 4
1RN, PhD Candidate, School of Nursing, 2PhD, Senior Lecturer and Study Area Coordinator, Emergency Nursing, School of Nursing, 3PhD, Postgraduate Research Coordinator, School of Psychology, Queensland University of Technology, Brisbane, 4PhD, Professor of Acute Care and Cardiovascular Research, School of Nursing and Midwifery, Flinders University, Adelaide, Australia

Poster only: No
Would you like to submit your abstract for one of the below prizes ?: No
I would like to apply for a travel grant: No
Are you submitting more than one abstract ?: No
I am the sole author of the manuscript: No
I am one author signing on behalf of all co-authors of the manuscript: Yes
The article is a “work made for hire” and I am signing as an authorized representative of my employer: No
I am signing on behalf of the corresponding author: No

Introduction: Hospitalisation for percutaneous coronary intervention (PCI) is often short, with limited nurse-teaching time and poor information absorption. Currently, patients are discharged home only to wait up to 4-8 weeks to commence a secondary prevention program and visit their cardiologist. This wait is an anxious time for patients and confidence or self-efficacy (SE) to self-manage may be low.

Objectives: To determine the effects of a nurse-led, educational intervention on participant SE and anxiety in the early post-discharge period.

Methods: Pilot study was undertaken as a randomised controlled clinical trial. Thirty-three participants were recruited, with n=13 randomised to the intervention group. A face-to-face, nurse-led, educational intervention was undertaken within the first 5-7 days post-discharge. Intervention group participants received standard post-discharge education, physical assessment, with a strong focus on the emotional impact of cardiovascular events and PCI. Early reiteration of post-discharge education was offered, along with health professional support with the aim to increase patients’ SE and to effectively manage their post-discharge health and well being, as well as anxieties. Self-efficacy to return to normal activities was measured to gauge participants’ abilities to manage post-PCI after attending the intervention using the cardiac self-efficacy (CSE) scale. State and trait anxiety was also measured using the State-Trait Anxiety Inventory (STAI) to determine if an increase in SE would influence participant anxiety.

Results: There were some increases in mean CSE scores in the intervention group participants over time. Areas of increase included return to normal social activities and confidence to change diet. Although reductions were observed in mean state and trait anxiety scores in both groups, an overall larger reduction in intervention group participants was observed over time.

Conclusion: It is essential that patients are given the education, support, and skills to self-manage in the early post-discharge period so that they have greater SE and are less anxious. This study provides some initial evidence that nurse-led support and education during this period, particularly the first week following PCI, is beneficial and could be trialled using alternate modes of communication to support remote and rural PCI patients and extend to other cardiovascular patients.

Disclosure of Interest: None Declared