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Title

The characteristics of cardiac rehabilitation interventions provided by nurses: a scoping review

Priority 1 (Research Category)

Systematic review, meta-analysis, or scoping review

Presenters

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Abstract

Context: Cardiac rehabilitation (CR) aims for the patient to regain functional abilities following a myocardial infarction (MI). CR is often offered as a specialty in large urban population centres, but rarely offered in smaller or urban regions. Nurses play a pivotal role in CR. To date, the components of nurse-led CR that may improve patient health are not documented. Many CR programs are found in urban areas and it is not known how these programs can be adapted to a rural context. Before creating a CR program in a rural area, it is essential to identify relevant literature to inform the creation of interventions.

Objective: To identify the components of a nurse-led CR program for people who suffered an MI.

Study Design: Scoping review following Arksey and O'Malley's six steps.

Data collection and extraction: We designed and performed the search strategy in collaboration with an information specialist. We included studies published between 2005 and 2020 that described a nurse-led cardiac rehabilitation program and used any design (RCT, quasi-experimental, experimental, qualitative, cohort or descriptive). We considered the keyword categories: cardiac rehabilitation, nursing, myocardial infarction. Ebsco, Cochrane and Scopus databases were consulted. Titles, abstracts and articles were sorted by JB and validated by MEP and MB. We used the Endnote platform to manage references. Data were extracted and classified by intervention category. The extraction was validated by all authors.

Results: After removing duplicates, 762 articles were retained. Fourteen articles were selected for data extraction. The analysis allowed us to categorize the interventions into 4 categories: 1) Interventions promoting the early recruitment of participants; 2) Interventions favoring the use of technologies; 3)

Interventions based on multiple components, 4) Interventions based on surveillance and monitoring activities.

Conclusion: We identified 4 key characteristics of nurse-led CR models. We also found that CR is not common in rural areas. The components of a CR program in an urban center could potentially be adapted to rural areas. Nurses can take on a pivotal role in a CR program offer with different modalities.