

Effect of an Intervention to Increase Knowledge of the Danger of
Delay in seeking Treatment for Chest Pain

Abstract

The average delay in seeking medical treatment for chest pain in the United States is 3.3 hours. During the first hour after such an event, the patient is at high risk from sudden cardiac death (SCD) related to ventricular fibrillation. The purpose of this study was to evaluate the effect of an educational intervention to increase subjects' knowledge of the danger of delay in seeking treatment when experiencing symptoms of chest pain. Leventhal's Self Regulation Model of Illness Behavior was used as the theoretical framework. A two-group pre-test/post-test experimental design was used. The intent of this study was to evaluate the effect of an educational intervention on subjects' level of knowledge of the danger of delay in seeking treatment when experiencing symptoms of chest pain. A secondary outcome was to determine optimal sample size for a future study.

An independent-samples t-test was conducted to compare the knowledge scores after intervention between the control and intervention groups. There was a significant difference in scores for the intervention group (\underline{M} = 3.11, SD=3.14) and control group (\underline{M} = -.571, SD=1.72) $t(14) = 2.78$ ($p=0.015$) with the intervention group having improved knowledge of both the symptoms of chest pain and the importance of not delaying treatment.