



CARDIOVASCULAR DISEASE KNOWLEDGE AND MISCONCEPTIONS AMONG NURSES: A CROSS-SECTIONAL STUDY

Nursing

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ABSTRACT

Cardiovascular diseases (CVDs) comprise a broad range of disorders affecting the heart and blood vessels, including coronary heart disease (CHD) and vascular conditions involving the kidneys, central nervous system, and peripheral arteries. This study aimed to assess the knowledge and misconceptions of nurses regarding cardiovascular diseases. A descriptive cross-sectional design was employed among registered nurses providing inpatient care at King Abdulaziz Hospital (KAH) in Al-Ahsa, Saudi Arabia. A total of 197 nurses were selected through simple random sampling. Data were collected using a structured online questionnaire distributed via Google Forms, following ethical approval and the acquisition of electronic informed consent. Confidential data were analysed using SPSS software. The results indicated that the majority of nurses possessed adequate knowledge of cardiovascular diseases, reflecting a satisfactory level of awareness and preparedness in managing cardiac patients within clinical settings. These findings highlight the importance of continuous education and training programs to sustain and enhance nurses' competency in cardiovascular care.

KEYWORDS

Cardiac disease, Misconceptions, Knowledge, Nurses

INTRODUCTION:

Diseases that affect the heart and its blood vessels are referred to as cardiovascular disease (CVD). This can be classified as coronary heart disease (CHD) or vascular disease of the kidney, central nervous system, and peripheral arteries. The major cause of death worldwide is cardiovascular disease. (Jing Jing Su., 2021).

Cardiovascular diseases (CVDs) remain a major global health concern and are the leading cause of death worldwide. In 2008, an estimated 17.3 million people died from CVDs, of which approximately 80% were considered preventable (World Health Organization [WHO], 2017). Globally, about 80% of CVD-related deaths occur in low- and middle-income countries, affecting both males and females equally (Emelia, 2017). CVDs comprise a group of disorders resulting from the accumulation of plaque within the coronary arteries, which restricts blood flow to the heart (American Heart Association, 2021). Currently, cardiovascular diseases affect around 290 million people globally, and the number continues to rise each year. Well-documented risk factors include hypertension, diabetes, obesity, and unhealthy lifestyle behaviours such as tobacco use and excessive alcohol consumption. Given their widespread impact, cardiovascular diseases continue to pose a significant public health challenge requiring ongoing preventive and educational efforts.

Cardiovascular diseases (CVDs) are the foremost cause of disability and death globally, accounting for approximately 17.1 million fatalities annually. Many CVD risk factors are preventable, including physical inactivity, poor diet, smoking, diabetes, and dyslipidaemia (Fatemeh Koochi, 2021). In recent years, the incidence of cardiovascular conditions among healthcare workers has been on the rise. Studies in this field have pinpointed several risk factors affecting cardiovascular health, such as shift work, high stress levels, anxiety, work environment, obesity, and elevated basal metabolic index, among others (Daniel, 2023). Since many risk factors for cardiovascular disease (CVD), such as poor dietary habits, physical inactivity, smoking, obesity, high blood pressure, diabetes, and abnormal cholesterol levels, can be either prevented or managed, developing more targeted prevention programs at the population level could play a crucial role in reducing the incidence of these diseases (Fatimah Koochi, 2021). Worldwide, cardiovascular diseases (CVDs)

constitute the primary cause of death. About 19.8 million deaths worldwide in 2022 were attributed to CVDs, accounting for about 32% of all fatalities. Stroke and coronary artery disease accounted for 85% of these deaths. (WHO, 2025).

The most important cause of mortality worldwide was cardiovascular disease, affecting 17.6 million deaths per year. In 2030 the number is estimated to increase to more than 23.6 million. A statistical report from the United States during 2016 indicated that heart attack was the primary cause of death due to cardiovascular disease (43.2%), followed by stroke (16.9%) and hypertension (9.8%). Benjamin EJ (2019). It is critically important to eliminate any misconceptions held by practicing nurses, as this will improve their ability to deliver proper care to patients with cardiovascular disease (CVD). Nurses must have accurate and reliable knowledge about CVD care, which helps enhance the quality of treatment by preventing misunderstandings. Nurses play a crucial role in both the primary and secondary prevention and management of cardiovascular disease. This includes providing health education on lifestyle changes as well as managing the symptoms and complications associated with CVD.

This study will help the nurses to identify the right pathway for disseminating the accurate information for their practice in the future. Nurses are expected to have excellent knowledge of patients with CVD about misconceptions and thereby prevent undesirable impacts while caring for patients with CVD. (Xiaoqin Qiu, 2024),

Cardiac misconceptions are inaccurate beliefs or misunderstandings about heart conditions that can shape how patients perceive their recovery process and influence their coping strategies. These misconceptions can lead to increased emotional distress, delayed recovery, and reduced physical function, all of which negatively affect a patient's overall well-being. (Chow 2017).

A common misunderstanding is that people with heart disease must completely avoid stress, such as steering clear of arguments, which is believed to be harmful. Other incorrect beliefs include the notion that heart patients should never feel excited or that having a heart condition means the heart is permanently damaged or deteriorated (Löfvenmark, 2019). As healthcare providers often spend considerable time with

patients, they may unintentionally perpetuate these false ideas, potentially impeding the patient's recovery. Therefore, it is crucial for nurse clinicians to recognize that patients' perceptions of their illness, including misconceptions, can significantly affect their health outcomes. Given that most risk factors for cardiovascular disease (CVD), including unhealthy eating habits, lack of exercise, smoking, obesity, hypertension, diabetes, and abnormal cholesterol levels, can be either prevented or controlled, the creation of more focused prevention programs at the population level could significantly contribute to lowering the incidence of these diseases (Fatimah Koohi, 2021). A cardiac misconception signifies misunderstanding or making false opinions and views about heart disease, which affects the recovery of patients and affects the coping approaches. On the contrary, the negative impact on the patient includes the emotional aspect of the patient, delay in recovery, and poor physical activity. This above-mentioned factor affects the overall well-being of the cardiac patient. The most important cardiac misconception is stress avoidance. Some perceive that the complication of heart patients is by getting into unnecessary arguments. Other false belief is that, the person with heart disease must never get emotionally excited and it is believed that the heart is worn off. All this brings us to the conclusion that if the health care professionals spend a significant amount of quality time emphasizing the facts about the heart disease and its management, it will definitely bring optimistic patients' outcomes. Hence, it is essential that the healthcare professionals and nurse clinicians recognize the perceptions and misconceptions of cardiac disease, which has a great impact on patients' prognosis. The aim of this study is to determine the level of knowledge and misconceptions about cardiovascular diseases among nurses working in MNGHA hospitals in Eastern Region of Al Ahsa, Saudi Arabia

Specific Objectives:

1. To assess the level of knowledge of nurses regarding cardiovascular disease.
2. To assess the misconceptions held by nurses about cardiovascular disease.
3. To determine the relationship between nurses' knowledge levels and their misconceptions about cardiovascular disease.
4. To examine the association between nurses' knowledge and misconceptions and their demographic variables.

MATERIALS AND METHODS

Setting Of The Study

This study was conducted at King Abdulaziz Hospital (KAH), a tertiary healthcare facility under the Ministry of National Guard Health Affairs (MNGHA), located in Al Ahsa, Eastern Region, Kingdom of Saudi Arabia.

Study Subjects

The target population for this study includes all categories of registered nurses employed at King Abdulaziz Hospital who are actively providing nursing care across different departments, wards, and units.

Sampling Method;

Convenience sampling method was employed for the study.

Inclusion Criteria:

All registered nurses formally employed at King Abdulaziz Hospital, Al Ahsa.

Exclusion Criteria:

Nurses who were unwilling to participate in the study.

Study Design

A descriptive cross-sectional research design was employed to assess the study variables at a single point in time.

Sample Size

The sample size was determined based on the study by Susan Ka. Yee. Chan (2017), using a 95% confidence interval and a margin of error of 0.05. The initial sample size was calculated using the **Rao soft sample size calculator**, with the following parameters:

- N = Population size = 400
- Z = Z-value for 95% confidence = 1.96
- P = Estimated proportion of population with desired characteristics = 0.5
- Q = $1 - P$ = 0.5
- d = Margin of error = 0.05. The calculated sample size is $n = 197$.

Sampling Technique

A simple random sampling technique, specifically the lottery method, was utilized to select participants from the pool of eligible nurses.

Data Collection Methods And Instruments

Ethical approval for the study was obtained from the King Abdullah International Medical Research Center (KAIMRC) under MNGHA. Following approval from the Institutional Review Board (IRB), official permission to conduct the study was secured. The research team coordinated with ward in-charges to collect email addresses of nurses who met the inclusion criteria. Eligible participants were selected using a simple random sampling method. A structured survey created through Google Forms was distributed to the selected nurses via email. Prior to participation, informed consent was obtained electronically. The consent form explained the study's purpose, assured confidentiality and anonymity, and clarified that participation was voluntary. Each participant completed the survey online. After the responses were collected, the data were extracted and entered into the Statistical Package for the Social Sciences (SPSS) for analysis.

Description Of The Tool:

The original questionnaire was taken from the previous study. (Faruk Ahmed Dec 2015)⁴ & Rosanne crouch (2008)⁵ and it was modified by the researcher and the validity of the questionnaire was assessed using content validity from two experts in the nursing profession. The questionnaire survey has been changed according to their suggestions. The validity and reliability of the questionnaire is assessed by test retest method. In the present study the tool consists of two parts; Section -A& Section- B

Section -A: Demographic data;

This part consists of eight questions related to demographic variables of the participants including Age, gender, Area of work, years of experience, Educational level, Country of citizenship, Position & Marital status

Section-B part-1 Survey knowledge questionnaire related to cardiovascular diseases;

This section consists of 10 questions related to the knowledge of cardiovascular diseases. Part 1 of the survey is designed to assess participants' knowledge of cardiovascular diseases. The questionnaire consists of 15 items, including 3 questions on general knowledge, 6 questions on risk factors, 4 questions on dietary aspects, and 2 questions related to treatment. Each question is rated on a 4-point Likert scale, where "Strongly Agree" scores 4 points, "Agree" scores 3 points, "Disagree" scores 2 points, and "Strongly Disagree" scores 1 point. The total score ranges from 15 to 60, with higher scores indicating a greater level of knowledge about cardiovascular diseases. The interpretation of the scores is as follows: a score between 15–30 reflects average knowledge, 31–45 indicates good knowledge, 46–55 represents very good knowledge, and 56–60 signifies excellent knowledge.

Section B – Part 2: Cardiac Belief Questionnaire

Part 2 of the survey aims to assess cardiac misconceptions using a modified version of the York Cardiac Beliefs Questionnaire (YCBQv1). The revised questionnaire includes 10 items, each rated on a 4-point Likert scale: "Strongly Agree" scores 4 points, "Agree" scores 3 points, "Disagree" scores 2 points, and "Strongly Disagree" scores 1 point. This tool has demonstrated strong content validity, internal consistency, and test-retest reliability, with a correlation coefficient of $r = 0.88$. The total score ranges from 10 to 40, with higher scores indicating a greater level of misconceptions about cardiac health. Scores from 1 to 20 reflect lower misconceptions, while scores from 21 to 40 indicate higher misconceptions.

Data Management And Analysis Plan:

The collected data were entered and analysed using SPSS version 20. Descriptive statistics, including frequency, percentage, mean, mean percentage, and standard deviation, were used to summarize demographic variables as well as participants' perceived knowledge and skills. To examine the association between perceived skills and socio-demographic variables, inferential statistical tests such as the Chi-Square test or Fisher's Exact Test were applied, depending on data suitability. A p-value of less than 0.05 was considered statistically significant.

Data Analysis And Interpretation;

Table- 1; Frequency and Percentage of Demographic Variables among nurses

Demographic Variables	Frequency	Percent
Gender		
Female	170	86.3%
Male 29	27	13.7%
Age		
25- 30 years	109	55.3%
31- 40 years	48	24.4%
41 and above	40	20.30%
Area of Work		
Intensive care unit	10	4.9%
Maternity	13	6.4%
Medical	55	27.1%
OPD	20	9.9%
Other areas	58	28.6%
Pediatric	14	6.9%
Surgical	27	13.3%
Years of experience		
0-5 years	129	63.5%
6 years or higher	68	33.5%
Education		
Baccalaureate Degree	134	68.0%
Master Degree	45	22.8%
Others	18	9.2%
Country of Citizenship		
Non Saudi	66	32.5%
Saudi	131	64.5%
Position		
Head nurse 189	22	11.1%
Internship	20	10.1%
other	9	4.5%
Staff nurse	91	46.1%
Student	20	10.6%
Team Leader	35	17.7%
Marital Status		
Married	126	63.9%
Single	71	36.1%

Table- 1 shows that the frequency and Percentage of Demographic Variables among nurses. The study sample predominantly consisted of female participants (86.3%), with males representing 13.7%. The majority were aged 25–30 years (55.3%), followed by those aged 31–40 years (24.4%), and 20.3% were in the age of 41 years. Participants worked across various hospital departments, with the highest representation from other areas (28.6%), medical wards (27.1%), and surgical wards (13.3%), while smaller percentages worked in OPD (9.9%), paediatrics (6.9%), maternity (6.4%), and ICU (4.9%). Most respondents had 0–5 years of experience (63.5%), while 33.5% had 6 years or more. In terms of education, 68% held a baccalaureate degree, 22.8% had a master's degree and 9.2% had other qualifications. Regarding nationality, 64.5% were Saudi citizens, while 32.5% were non-Saudi. In terms of job roles, 46.1% were staff nurses, followed by team leaders (17.7%), head nurses (11.1%), students (10.6%), and interns (10.1%). Lastly, 63.9% of participants were married, while 36.1% were single. This demographic distribution reflects a predominantly young, female, Saudi nursing workforce with varying levels of experience and educational backgrounds, working in diverse clinical settings.

Table-2; Frequency And Percentage Of Knowledge Of Nurses On Cardiovascular Disease.

Knowledge	Average	Good	Very Good	Excellent	P-Value
Gender					0.615
Female	1 (100%)	14 (100%)	30 (85%)	125 (85.6%)	
Male	0	0	6 (15%)	21 (14.4%)	
Age					0.268
25- 30 years	1 (100%)	12 (85.7%)	23 (59%)	73 (49.7%)	
31- 40 years	0	1 (7.1%)	6 (15.4%)	41 (27.9%)	

41 and above	0	1 (7.1%)	9 (23.1%)	30 (20.4%)	
Area of Work					0.048
Intensive care unit	1 (100%)	1 (7.1%)	4 (10.3%)	4 (2.7%)	
Maternity	0	0	4 (10.3%)	9 (6.1%)	
Medical	0	2 (14.3%)	11 28.2%	42 (28.6%)	
OPD	0	3 (21.4%)	2 (5.1%)	15 (10.2%)	
Other areas	0	3 (21.4%)	13 (33.3%)	42 (28.6%)	
Pediatric	0	3 (21.4%)	1 (2.6%)	10 (6.8%)	
Surgical	0	2 (14.3%)	2 (5.1%)	23 (15.6%)	
Years of experience					0.122
0-5 years	1 (100%)	13 (92.9%)	28 71.8%	87 (59.2%)	
6 years or higher	0	1 (7.1%)	11 28.2%	56 (38.1%)	
Education					0.915
BSc Degree	1 (100%)	10 (71.4%)	27(71.05 %)	95 (66.4%)	
Master Degree	0	2 (14.3%)	9 (23.6%)	34 (23.8%)	
Others	0	2 (14.3%)	2 (5.2%)	14 (9.8%)	
Country of Citizenship					0.545
Non-Saudi	0	3 (21.4%)	12 (30.8%)	51 (34.7%)	
Saudi	1 (100%)	11 (78.6%)	25 (64.1%)	94 (63.9%)	
Position					0.872
Head nurse	1 (11.1%)	1(7.69%)	5 (12.8%)	15 (10.2%)	
Internship	2(22.22%)	1 (7.1%)	5 (12.8%)	12 (8.2%)	
other	0	0	1 (2.6%)	8 (5.4%)	
Staff nurse	0	8 (57.1%)	15 (38.5%)	68 (46.3%)	
Student	0	1 (14.3%)	4 (10.3%)	15 (10.2%)	
Team Leader	6(66.66%)	2 (14.3%)	7 (17.9%)	20 (13.6%)	
Marital Status					0.210
Married	0	6 (46.1%)	23 (59%)	97 (67.36%)	
Single	1 (100%)	7 (53.9%)	16 (41.1%)	47 (32.64%)	

Table-2 results show that participants' knowledge about cardiac needs, as measured by the knowledge tool, varied across demographic factors, with most respondents falling into the "Excellent" (85.6% of females; 14.4% of males) and "Very Good" categories. Although no statistically significant association was found between knowledge level and gender ($p = 0.615$), age ($p = 0.268$), years of experience ($p = 0.122$), education level ($p = 0.915$), citizenship ($p = 0.545$), position ($p = 0.872$), or marital status ($p = 0.210$), a significant relationship was observed between area of work and knowledge level ($p = 0.048$). Notably, participants from medical wards (28.6%) and other areas (28.6%) had higher proportions in the "Excellent" category, whereas those in the ICU had a more even distribution across categories, including a participant in the "Average" level. Staff nurses formed the largest group in the "Excellent" category (46.3%), and individuals with 0–5 years of experience showed strong representation in both the "Very Good" (71.8%) and "Excellent" (59.2%) levels. While overall knowledge was high, the significant difference by area of work suggests that practical exposure or departmental emphasis may influence cardiac knowledge more than other demographic factors.

A statistically significant association was found between area of work and knowledge level regarding cardiac needs ($p = 0.048$). Participants working in medical wards (28.6%)

Figure-1 shows the frequency and percentage of knowledge of nurses on cardiovascular disease. The knowledge assessment revealed that

the vast majority of participants (92.5%) agreed or strongly agreed with statements related to cardiovascular disease, indicating a high level of understanding. Only a small minority (7.5%) disagreed or strongly disagreed, suggesting some gaps or misconceptions remain. This overall strong knowledge base highlights the effectiveness of existing education efforts but also underscores the importance of continued, targeted nurse-driven discharge education to address remaining knowledge deficits and support optimal patient outcomes.

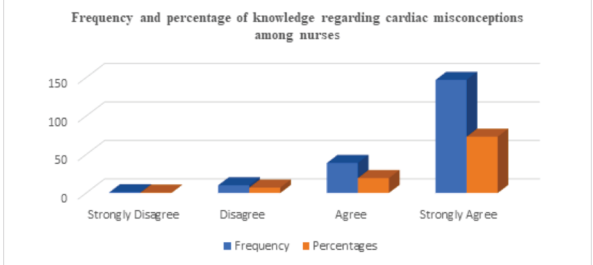


Figure-1; Frequency And Percentage Of Knowledge Of Nurses On Cardiovascular Disease.

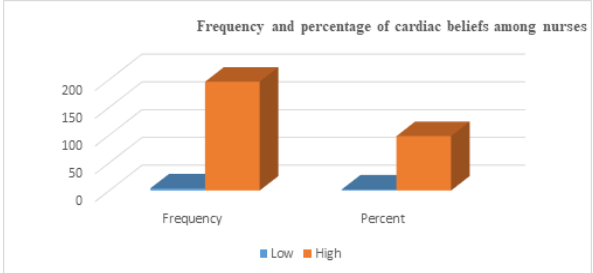


Figure-2; Frequency And Percentage Of Cardiac Beliefs Among Nurses On Cardiovascular Disease.

Figure-2 shows that the frequency and percentage of cardiac beliefs among nurses on cardiovascular disease. The distribution of beliefs related to cardiovascular diseases (CVD) among the study participants demonstrates a significant skew toward stronger, more positive health beliefs. Out of the total sample, **193 participants (98%) exhibited high levels of belief regarding cardiovascular health**, whereas only **4 participants (2%) demonstrated low levels of such beliefs**.

Table-3; Frequency And Percentage Of Misconceptions Among Nurses On Cardiovascular Disease.

Category of Belief		knowledge				P-Value
		Average	Good	Very Good	Excellent	
Belief	Low	0	3 (21.4%)	1 (2.6%)	0	0.001
	High	1 (100%)	11 (78.6%)	38 (97.4%)	143 (100%)	

Table-3 indicates that statistically significant association was found between **beliefs and knowledge levels** regarding cardiovascular diseases among nurses ($p = 0.001$). Nurses with **high belief scores** were predominantly classified in the **"Very Good" (97.4%)** and **"Excellent" (100%)** knowledge categories, while those with **low belief scores** were mainly in the **"Good" (21.4%)** or **"Very Good" (2.6%)** categories, with none achieving an "Excellent" level. This suggests that stronger beliefs about cardiovascular health are positively associated with higher knowledge levels.

Table-4; Frequency And Percentage Of Misconceptions Among Nurses On Cardiovascular Disease.

Belief	Low	High	P-Value
Gender	1.0		
Female	4 (100%)	166 (86.0%)	0.449
Male	0	27 (13.98%)	
Age			
25- 30 years	4 (100%)	104 (53.88%)	
31- 40 years	0	48 (24.87%)	
41 and above	0	41 (21.24%)	
Area of Work	0.022		
Intensive care unit	0	10 (5.1%)	
Maternity	1 (25%)	12 (6.1%)	
Medical	0	55 (28.1%)	

OPD	2 (50%)	18 (9.2%)	
Other areas	0	58 (29.1%)	
Pediatric	1 (25%)	13 (6.6%)	
Surgical	0	27 (13.8%)	
Years of experience	0.352		
0-5 years	5 (100%)	124 (64.58%)	
6 years or higher	0	68 (35.4%)	
Education			0.517
Baccalaureate Degree	2 (50%)	133 (67.9%)	
Master Degree	2 (50%)	43 (21.9%)	
Others	0	18 (9.2%)	
Country of Citizenship	1.0		
Non Saudi	1 (25%)	65 (33.2%)	
Saudi	4 (75%)	127 (64.8%)	
Position			0.904
Head nurse	0	22 (10.7%)	
Internship	0	20 (9.2%)	
other	0	9 (4.6%)	
Staff nurse	3 (75%)	88 (44.9%)	
Student	1 (25%)	20 (10.2%)	
Team Leader	0	35 (14.8%)	
Marital Status			1.0
Married	3 (75%)	123 (62.8%)	
Single	1 (25%)	68 (34.7%)	

Table-4 reveals the frequency and percentage of misconceptions among nurses on cardiovascular disease. The analysis of misconceptions among nurses revealed no significant association with gender ($p = 1.0$), although all participants with low scores were female. Age was also not significantly associated ($p = 0.449$), with nurses aged 25–30 years comprising all the low scorers. A statistically significant relationship was found between area of work and level of misconceptions ($p = 0.022$); nurses working in the Outpatient Department (50%) and Paediatric (25%) units had the highest rates of low scores, while none from the Intensive Care Unit, Medical, or Surgical departments reported low misconception levels. Although most nurses with low scores had 0–5 years of experience, the association between misconceptions and years of experience was not statistically significant ($p = 0.352$). Education level did not show a significant association ($p = 0.517$), with low scorers equally divided between those holding a baccalaureate and a master's degree. Similarly, no significant differences were found in relation to country of citizenship ($p = 1.0$), position ($p = 0.904$), or marital status ($p = 1.0$). Overall, the only factor significantly associated with misconceptions about cardiovascular disease among nurses was their area of work.

The analysis revealed that the area of work was the sole variable significantly associated with nurses' misconceptions about cardiovascular disease ($p = 0.022$). Nurses in the Outpatient Department and Paediatric units appeared to have better understanding, as reflected by higher proportions of low misconception scores, in contrast to their counterparts in Intensive Care, Medical, and Surgical units, where no low scores were recorded.

DISCUSSION;

The association between healthcare professionals' beliefs and their knowledge has been well documented in previous research. Al-Mohaissen (2015) demonstrated that nurses who held positive attitudes and strong beliefs about cardiovascular health possessed superior knowledge and were more likely to adhere to best practices in patient care. In the same disposition, Sangaleti et al. (2017) emphasized that greater clinical experience and exposure to specific patient populations contribute to improved knowledge and competency in the management of cardiovascular diseases.

Karkhah et al. (2019) highlighted that targeted education and clinical placement in relevant hospital units, such as medical wards or cardiac units, enhanced nurses' knowledge and confidence in cardiovascular care. These studies reinforce the current findings, underscoring the critical role of belief systems and work environment in shaping nurses' knowledge about cardiovascular diseases.

Alshammari (2025) reinforce the significant relationships observed in our research regarding nurses' beliefs, knowledge, and clinical exposure to cardiovascular diseases (CVD). The study result found that the nurses who received training in heart failure (HF) management exhibited more positive attitudes and better knowledge compared to

those without such training ($p = 0.003$).

According to Galal Abd El Aal (2023), an educational intervention led to a significant improvement in primary healthcare nurses' knowledge of cardiovascular disease risk estimation and prevention, with post-intervention knowledge levels increasing to between 79.3% and 87.7% across various categories. These results support the findings of the current study, highlighting the pivotal role of structured educational initiatives and clinical experience in enhancing nurses' competence in cardiovascular disease management.

The presented study findings supported with the research study done by Kamimura et al (2019) regarding the relationship between cardiovascular disease (CVD)-related health beliefs, knowledge, and sense of community among medically uninsured primary care patients in the United States with 374 adults. These findings support the notion that stronger health beliefs particularly regarding the severity of cardiovascular disease are positively associated with higher levels of disease-related knowledge.

In contrast to the findings of the present study, Maria (2015) reported that further investigation into the concepts of cardiac knowledge and misconceptions might play a crucial role in understanding health behaviours related to heart disease. Similarly, Pereira (2024) concluded that their analysis identified ten defining attributes of a positive nursing practice environment, offering a clearer conceptual framework for understanding nursing practice.

Angus et al (2021) conducted the study and found that cardiac misconceptions varied significantly across different healthcare staff groups, with medical staff demonstrating the fewest misconceptions and unqualified healthcare workers the most. There was a significant association between years of experience and the level of misconceptions, where more experience was linked to fewer misconceptions. These differences between occupational groups remained significant even when controlling for experience. The findings highlight the importance of addressing misconceptions particularly among unqualified healthcare staff. This study results were contrast to the present study.

CONCLUSION;

The findings of this study indicate that there was a significant relationship between nurses' beliefs and their knowledge regarding cardiovascular diseases. Through this research, the investigator concludes that most of the nurses had excellent knowledge and fewer misconceptions. So the continuing education program might be supported for the nurses to enhance further knowledge.

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