

Nurses' Knowledge of Evidence-Based Education for Heart Failure

Author: Margaret Smith, DNP, FNP-BC

Assistant Professor of Nursing

Moravian College

Bethlehem, PA 18018

DNP Scholarly Project

Background

- Healthcare organizations are strategically working to identify educational methods that may reduce the burden of heart failure (HF) in the adult population.
- The Heart Failure Society of America (2010) and AHA (2009) assert that patient education and promotion of self-care that focuses on signs and symptoms of worsening condition, diet, weight, medications, and exercise are priorities for the self-management of HF.
- Teaching HF self-care to patients underscores the importance of patient participation in daily self-care decisions and allows patients to perform self-management.
- There is a lack of data and literature specific to the knowledge of nurses in the post-acute care healthcare setting regarding evidence-based HF self-management principles.

Aim/Objectives

- Assess nurses' knowledge of five evidence-based practice HF self-management principles including diet, fluids/weight, signs and symptoms of worsening condition, medications, and activity level.
- Characterize knowledge scores of nurses regarding evidence-based practice HF self-management principles.
- Describe whether the level of HF knowledge varies by years of experience, educational preparation, or licensure.

Methodology

- This descriptive, correlational study assessed nurses' knowledge of evidence-based practice HF self-management principles.
- Knowledge of HF principles was assessed using the Nurses Knowledge of Heart Failure Principles (NKHFP) survey.
- Descriptive statistics and graphical methods define the distributional characteristics of knowledge scores and sample's demographics including years of experience, educational preparation, and licensure.
- Group differences for RN's and LPN's for scores was evaluated using a two group t-test. Group differences with selected demographics was evaluated using analysis of variance (ANOVA).

Theoretical Framework

- The transitional care model (TCM), developed by Mary Naylor, addresses the vulnerable components of transition for patients while moving from one level of care to another (Naylor, 2011).
- The TCM is designed to ensure health care continuity and prevent poor preventable outcomes for at risk populations, namely those with chronic illness (Naylor, 2011).
- The model identifies five major issues that occur during care transitions, which include a high level of medication errors, serious unmet needs of patients, poor satisfaction with care, high rates of preventable readmissions, and tremendous human and cost burden (Naylor, 2011).
- The theory focuses on eight distinct needs of patients during the transitional care period.
- Those elements include screening, engaging elders and caregivers, managing symptoms, educating and promoting self-management, collaborating, assuring continuity, coordinating care, and maintaining relationships (Naylor, 2011).

Results

- A total of 45 RNs and 47 LPNs with varying educational degrees and nursing years of experience voluntarily completed the NKHFP survey within a four-week time frame.
- The *t*-test comparison of RN and LPN knowledge scores identified no statistical significance $t(90) = 1.54, (p > 0.05)$.
- Analysis of variance results did not show statistical significance between knowledge scores and educational degree $[F(4, 85) = 2.236, p > 0.072]$.
- Analysis of variance results by knowledge scores and nursing years of experience did not show statistical significance $[F(2, 89) = 1.030, p > 0.361]$.

Practice Recommendations

- Develop educational interventions inclusive of evidence-based HF self-management principles for post acute care nurses.
- Develop and implement new knowledge tools that can assess nurses' knowledge level of HF self-management principles.
- Multi-center study replicating this study to determine nurses' knowledge of HF self-management principles.
- Incorporate advanced practice clinicians into curriculum development of educational interventions.
- Evaluate education strategies throughout nursing homes to optimize HF education for nurses.

References

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