Improving Nurses’ Knowledge of Heart Failure Education Principles
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Oral Presentation

Background / Significance – Heart failure (HF) is the most common diagnosis on discharge from a Veterans Administration (VA) medical center. Registered nurses (RNs) need to be knowledgeable of the key components of managing HF to assure the Veteran is educated with accurate and practical self-management information in order to share responsibility for the management of HF. The literature reports a disconnection between what RNs teach and what HF patients need to know. Currently, the HF patient education given by RNs varies from unit to unit. A HF RNs education initiative was developed and piloted on one nursing unit to provide accurate and consistent HF education to patients by all RNs.

Purpose – The purpose of this evidence-based practice project was to evaluate the effect of a HF educational initiative on RNs’ knowledge of the key principles of HF patient self-management education.

Framework – Banduras Self-Efficacy Theory guided this initiative. Self-Efficacy beliefs influence thinking, behaviors, and the motivation to perform actions. If RNs believe that they have mastered the principles of HF self-management education, they are more likely to consistently provide this information to Veterans.

Sample/Setting – The HF education initiative was conducted with RNs (n=17) on an inpatient cardiology unit.

Design/Procedure – A HF education packet, containing the key principles of HF patient self-management, was developed for discharge teaching. A pretest posttest design evaluated RNs’ knowledge of the HF patient self-management principles, detailed in the HF education packet, with the Nurses Knowledge of Heart Failure Education Principles Survey (HF education survey) prior to, 2 weeks, and 12 months post a HF patient self-management education session. RNs completed the HF education survey. The HF patient self-management education session (lecture and PowerPoint) was developed from the results of the HF education survey. Data were analyzed with repeated measures ANOVA. Paired samples t-test were used to make 3 post hoc pair-wise comparisons with a Bonferroni calculated p value of p<0.017.

Results – The results showed a significant effect on test scores after the HF education session F(2,32)=10.102, p<0.001. A significant difference existed between pretest scores (M=82.1%; SD=6.85) and scores 2 weeks (M=91.8%; SD=7.69) p=0.005 and scores 12 months (M=88.0%; SD=7.08) p=0.016 after the HF education session. There was no difference between scores 2 weeks and 12 months after the HF education session. Knowledge was inconsistent among RNs in some areas, including fluid restriction, weight monitoring, ache and pain management, salt substitution, and signs and symptoms in which patients should notify their physician.

Conclusions and Implications –This outcome suggests that it would be beneficial to continue the HF education initiative. Future work involves continuation of the HF initiative throughout the medical center; tailoring the HF self-management education session to highlight HF principles that proved difficult; and chart review to evaluate the readmission rates and number of hospitalizations of Veterans who received HF self-management education.