Learning needs of hospitalized heart failure patients in Singapore:
A descriptive correlational study

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Introduction
Heart failure (HF) is one of the most common and deadly cardiovascular diseases in most parts of the world (Murphy et al., 2004), and is the most common cause of hospitalization among older people (Bundkirchen & Schwinger, 2004).

In Singapore, HF is the most common cardiac cause for admission to hospitals (Richards et al., 2011).

Patient education is an essential component for the successful management of HF (Yu et al., 2006).

Understanding patients’ perceived learning needs can improve HF education intervention effectiveness (Boyd et al., 2009), and potentially reduce HF-related hospital readmissions.

Literature review

Majority of studies that investigate the learning needs of HF patients was conducted in Western countries (Boyd et al., 2009; Harding et al., 2008; Wehby & Brenner, 1999).

Asian studies highlighted differences in levels of learning needs, which suggests the influence of sociocultural differences (Kim et al., 2012; Yu et al., 2012).

Direct adaptation of findings from Western population in Singapore is problematic due to significant differences in social and cultural backgrounds.

Objectives
(1) To investigate the learning needs of patient with HF in Singapore;
(2) To identify the relationship between patients’ learning needs and their social-demographic and clinical characteristics.

Methodology

Study Design: A descriptive correlational study with questionnaire survey

Settings and sample: A convenience sample of 100 patients will be recruited from an acute tertiary hospital in Singapore.

Inclusion criteria | Exclusion criteria
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(1) Clinically diagnosed with HF, NYHA class I to IV; (2) > 18 years of age; (3) Able to communicate in English and Mandarin. | (1) known history of major psychiatric illness, terminal illness other than HF (2) impaired bilateral hearing or vision.

Data collection

Instrument:
Heart Failure Learning Needs Inventory
48 items, and 8 subscales encompassing:
general HF information, psychological factors, risk factors, medications, diet, activity, prognosis, and signs and symptoms.

A 5 point Likert scale is used with higher score representing more important needs as perceived by HF patients.

English Cronbach’s α 0.96 for total scale and 0.87 for all subscales
Chinese Cronbach’s α 0.96 for total scale and 0.89 for subscales

+ socio-demographic and clinical data sheet.

Data collection procedure
1. Researchers identify eligible subjects from study settings
2. Depending on participants’ preferred spoken language, either the English or Chinese questionnaire is used
3. Demographic and clinical data are collected through questionnaire and reviewing participants’ medical charts.

Data analysis
SPSS 20.0
- Descriptive statistics
- Bivariate correlation between learning needs and socio-demographic and clinical variables.

Clinical significance:
- Study findings can provide practical suggestions on development of HF-related educational materials and enhance HF management programs.
- Contribute to improved health outcomes for HF patients, and reduce HF-related hospital readmissions.

References:


