

2020

## A Guide for Effective Home Health Education

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2020

Abstract

A Guide for Effective Home Health Education

by

Dianne Nissen

MS, Walden University, 2009

BS, Northeastern University, 1984

Project Submitted in Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

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May 2020

## Abstract

Older adults afflicted with chronic conditions present a unique set of challenges for home health nurses. In addition to caring for many of the patient's physical problems, patient education is needed to enable patients to manage themselves. Patient education focuses on complicated medication and treatment adherence, safety, and preventing complications. The purpose of this oral presentation and supplemental guide was to increase the knowledge and skills of home health nurses by formally preparing them for the responsibility of patient educator. The practice-focused question was whether the provision of education and a supportive guide for individualizing patient education would improve the knowledge and self-confidence of home health nurses in providing patient education on self-management of chronic disease. Knowles's adult learning theory, Bandura's social learning theory, Prochaska and DiClemente's transtheoretical model, and Neuman's health care system model influenced the approach to, and the content of this patient education program because of the impact on a patient's ability to learn, comprehend, and apply knowledge for self-management. Kirkpatrick's evaluation model was used to measure reaction to the presentation, knowledge acquired, and application to practice. Findings from 8 participants support increased knowledge and improved confidence as well as implementation of practice changes. This study has implications for positive social change for promote the ability of patients to manage their chronic conditions and to improve their quality of life.

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## Dedication

This project is dedicated to all home health nurses who function independently in the community caring and supporting patients on the path to optimal wellness.

## Acknowledgments

Thank you to my preceptor, Michele Thune APRN and the staff at Quiet Waters who made this possible. Thank you to the patients who helped me realize the importance of education and support.

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## Section 1: Nature of the Project

### **Introduction**

Home health nurses assume an important responsibility as a health educator of patients and families in the community. A patient's ability to self-manage chronic conditions depends on the competency of the nurse as an educator and motivator for lifestyle changes. Effectively teaching and motivating patients requires another dimension of skills for a home health nurse. Nurses must ensure that patients understand health information by considering the barriers that affect the learning process (Beagley, 2011). The education plan should consider each patient's unique needs based on disease process, medications, treatment plan, support system, and existing barriers such as primary language, health beliefs, and learning deficits. The way these factors are addressed must be efficient and thorough in order to improve the outcomes of self-management. A systematic, evidence-based approach is the most appropriate path to ensure that an effective and consistent education plan is implemented.

The Institute for Healthcare Improvement (IHI) developed a model to address a patient's needs after acute hospitalization. The model was in response to the Medicare Payment Advisory Committee's report which revealed that 76% of rehospitalizations within 30 days of discharge are preventable (2018). The IHI outlined three recommendations to improve the transition from acute care to home in the first 24-48 hours: (a) meet with the patient, family caregiver, and inpatient caregiver in the hospital and review the plan for transition to home; (b) assess the patient, initiate the plan of care, and reinforce patient self-management at the first post-discharge home health visit; and

(c) engage, coordinate with, and communicate with the clinical team (Sevin et al., 2013). Patient education provided by skilled home health nurses is an important factor for successful self-management. The goal of an educational presentation on effective patient education and the use of a resource guide was to help expand the knowledge and skills nurses need for the challenge of patient education.

This project was in alignment with Walden's definition of social change: a "deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies" (Walden University, 2019). The intention was that nurses would become proficient at patient education and would make a direct impact on a patient's ability to self-manage his or her chronic conditions. It was assumed that educated and empowered patients, who were capable of self-managing their health and chronic conditions, would have fewer complications and comorbidities. Patient education provided and supported by skilled home health nurses can foster self-management behavior, improve patient outcomes, and improve quality of life. Effective education provided by skilled home health nurses contributes to a patient's successful recovery and rehabilitation. Patient education can reduce health care costs and the over use of health care resources.

### **Problem Statement**

Effective patient education is needed to support self-management for patients with chronic conditions. According to the Centers for Disease Control and Prevention (CDC, 2018), 6 out of 10 adults (133 million) in the United States have one or more chronic

health conditions and 4 out of 10 have two conditions. Heart disease, stroke, cancer, diabetes, obesity, and arthritis are the most common, modifiable, and costly chronic. Conditions. Eighty percent of health care spending in the United States is for an aging population with chronic conditions (Fabius, Pracilio, Nash, & Clarke, 2016). Sidorov and Romney (2016) noted that 30–60% of patients adhere to their medical treatment and medication regimens.

I believe that effective patient education is an intricate process that requires nurses to use a systematic, evidence-based approach. I reviewed the documentation and observed the nurses at the target home health agency. The results indicated that the education plans for the older adult with chronic conditions were not systematic and lacked the organization necessary to accomplish the objectives for self-management. Lay, Moody, Johnsen, Petersen, and Radovich (2019) implemented an evidence-based practice plan of a teach-back education method for home care patients. Twenty-two heart failure patients participated in a structured 8-visit protocol for patient education. Only seven of the patients were readmitted to acute care within a 9-month period. The Self-Care of Heart Failure Index (SCHFI) revealed a significant improvement in symptom management and adherence to the treatment plan.

Self-management requires patients to take an active role in their health and well-being. Dr. Eric Coleman's Care Transitions Program is an example of a successful intervention. It teaches patients self-management skills and supports transition from acute care to home. The primary focus of the transition program is promoting medication self-management by providing understandable and user-friendly health information to

patients. The program has proven to be effective in reducing rehospitalizations and helping contain costs for complex patients (Coleman & Min, 2016).

The problem addressed in this staff education project was a deficiency in the knowledge and skills of home health nurses regarding responsibilities as a patient educator. The Department of Health and Human Services (HHS, 2010) released a strategic framework for meeting the needs of individuals with multiple chronic conditions. It focused on providing health professionals with information and tools needed to take care of these individuals (HHS, 2010). The objective of this project was to broaden nurses' level of awareness and knowledge about teaching-learning relationships with patients with chronic conditions. Home health nurses are in a strategic position to empower patients by providing education, motivation, and support. The scope of a nurse as a patient educator reaches far beyond providing information. The nurse who assumes the responsibility of patient educator should have an understanding of the factors that can impact learning and adherence in order to be effective at promoting self-management.

### **Purpose Statement**

The perceived gap in practice was that nurses who provide home health care have an important role in patient education and fostering self-management, yet they may not be equipped with the tools to implement this important responsibility. The purpose of this staff education project was to increase the knowledge and skills of home health nurses and to formally prepare them for the role of patient educator with an educational presentation on patient education and with a resource guide. The practice-focused

question was: Will the provision of education and a supportive guide for individualizing patient education improve the knowledge and self-confidence of home health nurses in providing patient education on self-management of chronic disease? The target population was the nursing leadership and staff nurses of a home health agency because of their unique role in patient education.

The setting for delivery of the staff education program was a home health agency in the southeast region of the United States. The agency admits approximately 350 patients annually and provides skilled nursing, physical therapy, occupational therapy, and speech therapy to the older adult. There are 22 registered nurses, seven of whom were able to attend the presentation with the director of nursing. The staff had an opportunity to use the guide and evaluate its benefits and usefulness. However, the evaluation process was beyond the scope of this project.

In this project, I enlisted Knowles's adult learning theory (Knowles, 1980) Bandura's social learning theory (SLT) (Bandura, 1971), Prochaska and DiClemente's transtheoretical model (TTM) (Prochaska & DiClemente, 1983), and Neuman's health care system model (Neuman, 1983). These theories and models can impact a patient's ability to learn new information and change health behavior. Nurses should be familiar with them when attempting to provide patient education because they can influence the acquisition, application, and retention of knowledge. The adult learning theory identifies the unique characteristics of adult learners, such as adults are goal directed, autonomous, and self-directed learners (Knowles, 1980). SLT represents the external forces, such as the environment and motivation that influence learning (Bandura, 1971). TTM focuses

on the decision-making processes that are involved when deciding to change certain behaviors (Prochaska & DiClemente, 1983). Neuman's health care system model emphasizes the influence of stressors and how support and education can reduce the imbalance stressors may cause. Factors such as culture, health literacy, health beliefs, self-efficacy, and life situations can diminish learning ability (Neuman, 2017).

When developing the presentation and guide, I also considered individual learning style. A patient educator must assess the learner's preferred learning style in order to determine the most effective approach to meet the learner's unique needs. According to Beagley (2011), visual learners preferred easy-to-read handouts, illustrations, and videos; auditory learners benefited from verbal repetition, rephrasing, and varieties in pitch and volume. According to Russell (2006), kinesthetic learners benefited from hands-on activities, such as using a computer or taking notes, hands-on demonstrations and frequent breaks during education sessions.

Applying a culturally sensitive approach to teaching is an important factor to consider when determining the best method to use when educating patients. For example, Jones et al. (2008) used a storytelling strategy to teach rural African-Americans with Type 2 diabetes mellitus because of their tradition of oral history. Language and literacy must also be considered when nurses are engaged in teaching. Schneidermann and Critchfield (2013) found color coding and numbers to be effective for teaching medication administration to those who were unable to read.

The initial phase of the education plan was a detailed learner assessment. The information collected included age, culture, language, education level, sensory deficits,



learning preferences, stressors, and other potential barriers. The patient education plan was individualized based on the assessment. The project involved creating a systematic, evidence-based method (see p. 15) for patient education and presenting it to home health nurses along with a resource guide. The guide did not include disease-specific content, although a heart failure scenario was used to demonstrate the approach. The focus of the project was on establishing and teaching a systematic process for patient education. Ideally, the process for patient education would be applicable across the age and developmental spectrum.

The steps outlined for developing the education project incorporated the planning, implementation and evaluation suggested in the Manual for Staff Education Project (Walden University, 2017). The education materials were presented to a review group consisting of the director of nursing of the home health agency, two home health nurses, and two nurse educators from a nearby university. Once reviewed and adapted, the presentation was scheduled for staff. The Kirkpatrick model (Kirkpatrick Partners, 2019), described later, was used as the framework for the evaluation of the educational presentation.

### **Significance**

Chronic conditions constitute the major financial burden on the health care system (CDC, 2018). According to Bodenheimer, Lorig, Hollman, and Grumbach (2002), effective self-management can reduce the incidence of complications and thereby decrease provider visits, urgent care visits, and hospitalizations. Quality patient education offers a multitude of advantages, especially to those with chronic conditions

prone to exacerbations, complications, and comorbidities. Baker and Fatoye (2019) conducted a systematic review of chronic obstructive pulmonary disease (COPD) patients' perceptions of nurse-led, self-management interventions and identified four themes: (a) empowerment through new knowledge, (b) psychological well-being, (c) expanding social worlds when in groups with other COPD patients, and (d) increased physical activity. The findings indicated that patients highly valued nurse-led self-management.

The Joint Commission identified the importance of patient education and used the National Patient Safety Goals (2019) to establish standards for patient safety in all health care settings. The Joint Commission mandates that health care organizations encourage patient involvement in their own care. According to the National Patient Safety Goals, organizations must inform patients about the importance of medication compliance and their responsibility for maintaining updated information.

The report, *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century* (Committee on Quality Health Care in America, Institute of Medicine [IOM], 2001), encourages healthcare providers to position patients at the center of, and in control of, their own care. Chodosh et al. (2005) reviewed evidence from 53 studies on the effectiveness of self-management programs for older adults. They found that self-management programs for older adults with chronic conditions resulted in statistically significant improvements in blood glucose control and blood pressure control. Home health nurses are responsible for helping patients and their families better understand

their illness and providing support for self-management to enable patients to remain in their home setting.

Nursing professionals are assuming the bulk of the patient education responsibility in various health care settings, including primary care, specialization clinics, acute care, rehabilitation facilities, and public health. Nurses must be competent educators in order to meet this challenge. The purpose this staff education project on patient education was to create a consistent method for educating patients to self-manage their chronic conditions. The staff education project consisted of an oral presentation on patient education and a resource guide for nurses that focused on evidence-based approach for patient education. The stakeholders supporting this education project consisted of the management and nurses of the home health agency as well as the patients' providers.

### **Summary**

Nurses have an important role in patient education and fostering self-management, yet they may not be equipped to implement this responsibility effectively. Direct observation of patient education plans at a home health agency in the southeast region of the United States revealed that the plans were not organized within a framework that would establish the necessary objectives for self-management. The identified gap in nursing practice was a deficit in the education of staff on patient self-management of chronic conditions. The purpose of this staff education project was to provide continuing education and resources on best practice in patient education. The intention was that nurses formally trained in patient education would be better prepared for the responsibility of patient educator. Effective education would contribute to successful

recovery and rehabilitation of patients in the community. Section 2 discusses the background and context of this scholarly project. It presents the concepts, models, and theories underlying the content of this education project and its relevance to nursing. It provides a summary of the local demographics and evidence supporting the benefits of effective patient education.

## Section 2: Background and Context

### **Introduction**

This staff education project focused on the need for nurses to be competent and skilled at effective patient education that supports self-management for patients with chronic conditions in the home care setting. The practice-focused question driving the project was as follows: Will the provision of education and a supportive guide for individualizing patient education improve the knowledge and self-confidence of home health nurses in providing patient education on self-management of chronic disease? The purpose of this staff education project was to expand the knowledge and skills of home health nurses and other nurses responsible for patient education.

Section 2 reviews the (a) concept, models, and theories that were underlying the content for the presentation and guide on patient education; (b) the project's relevance to nursing practice; (c) the local background and context; and (c) my role as a DNP student.

### **Concepts, Models, and Theories**

Familiarity with the behavioral sciences, which are the foundation of learning, provides a significant advantage to a patient educator. Two theories are commonly applied and tested in patient education studies: Knowles's adult learning theory and Bandura's SLT. Individual considerations have an impact on learning and retention: health literacy, preferred learning style, readiness, potential barriers, education level, culture, socioeconomic status, age, sensory deficits, pain, anxiety, motivation, disease process, and complexity of treatment (Blevins, 2018).

SLT postulates that learning is driven by externally self-regulated forces and emphasizes the relationship between people, behavior, and the environment. New patterns of behavior are developed by observation of others' or through direct experience. Behavior stems from a perpetual exchange between people and their environment (Bandura, 1971). Knowledge of this learning theory offers the educator an explanation of the complex dynamics associated with learning and provides an awareness of the exchange and absorption of information that is influenced by existing behaviors and the patient's environment. SLT recommends that an educator consider the behavioral barriers to learning, such as established health beliefs, life's experiences, culture, level of motivation, life priorities, and level of self-efficacy.

According to Knowles (1980), adults are motivated to learn in order to create change, and learning is influenced by life's experience. Adult learning principles must be integrated into practice when providing important health information to patients and families. According to Sanchez and Cooknell (2017), adult learning is a combination of two main ideas, self-directed learning and learning andragogy . Andragogy refers to the unique way adults learn; familiarity with those characteristics can facilitate the teaching-learning process. Adult learning is influenced by individual knowledge and life experiences. Adult learners are self-directed, goal-oriented, relevancy-oriented, practical, and appreciate respect from the educator (Knowles, 1980, Sanchez & Cooknel, 2017).

TTM was developed by Prochaska and DiClemente (1983) and is yet another consideration affecting how one changes behavior and adapts to a chronic condition. The nurse who provides education for self-management benefits from an awareness that

change, according to TTM occurs over time. TTM focuses on the decision-making of an individual and the process of change evolving over six stages: precontemplation, contemplation, preparation, determination, action, maintenance, and termination of old behaviors (Prochaska & DiClemente, 1983). Knowledge and application of the principles surrounding the steps involved in change provides the educator with a comprehensive overview and rationale of how challenging a change in health behavior is for patients. It helps the educator understand why patient compliance is individual, non-linear, and does not happen on a designated time line.

Neuman's health care systems model is another important concept that is applicable to a patient's ability for self-management and learning. Neuman's emphasis is on an individual's relationship to stress; the reaction to it and the rebuilding factors. The person represents a system that interacts with environmental stressors causing a positive or negative effect. The focus of nursing care is to identify the stressors and attempt to modify or reduce the client-stressor intensity (Newman, 2005). Physiologic, psychologic, sociocultural, developmental, or spiritual stressors are capable of breaking down a client's defense system contributing to dysfunction and imbalance. Knowing and developing an awareness of the multitude of factors that can influence learning and behavioral changes assists the nurse when planning patient education interventions. Awareness also provides explanations for a patient's delay in accomplishing patient-centered goals and offers evidence for the evaluation and revision of the education plan.

The goal of the project was to develop a systematic evidence-based approach to patient education and present it to home health nurses. The term systematic describes a

consistent process that is used as a framework for a patient education intervention. The systematic approach follows the steps and sequence of nursing process from assessment to evaluation. Evidence-based nursing practice is defined as: “Nursing practice grounded in the integrated consideration of the following: (1) patient/client preferences, (2) sound clinical judgement and expertise of the nurse, and (3) research studies” (Chinn & Kramer, 2004, p. 262). Evidence-based relative to the project refers to the application and consideration of learning theories, behavioral theories, human caring theory, therapeutic communication principles, cultural sensitivity and research studies.

Self-confidence was used as a measurement to which a nurse rates her perceived level of proficiency at performing patient education which was evaluated using Kirkpatrick’s model (Kirkpatrick Partners, 2019). Health literacy describes an individual’s ability to read and comprehend health and wellness information.

### **Relevance to Nursing Practice**

Nursing and other health care professionals are striving to shift the focus of health care to a population health approach which positions the patient at the center of his/her care and fosters self-management by empowering patients with relevant health information. Nurses play a key role as patient educator in many health care settings each with unique content depending on the patient’s needs. The pediatric nurse educates parents about immunizations, medication administration, disease prevention, home safety and nutrition. The geriatric nurse educates about fall precautions, healthy life style, disease process, nutrition and medication safety. The content or information changes



however the approach to the education process should remain consistent in order to be effective.

Nurses have an opportunity to embrace the role of health educator and become more proficient in order to contribute to the goals of disease prevention and health promotion. Nurses must assume a proactive role and take the lead as facilitators of self-management. Providing education focused on self-management has the ability to improve quality of life and improve clinical outcomes (Bodenheimer et al., 2002). Education has the ability to reduce hospitalizations and increase medication adherence yet there is a lack of a structured approach, insufficient time, lack of teaching materials, multiple interruptions, and inadequate educational preparation (Flanders, 2018). *The Scope and Standards of Medical Surgical Nursing Practice* (Reguin-Hartman et al., 2018) identifies patient education as a required competency, stated as “educate the client, family, and significant other(s) about measures that promote, maintain, and restore health or promote comfort” (p. 9). Sherman (2016) discovered that nurses do not feel prepared for providing effective patient education and support confidently.

The home health nurse has an exclusive privilege of providing care to patients, families, and caregivers in their own environment (Wilson, 2019). One important function of the home health nurse is guiding patients to self-management. According to *Home Health Nursing: Scope and Standards of Nursing Practice*, the home health nurse is responsible for health teaching and promoting patient disease self-management (American Nurses Association, 2014). Patient education revolves around disease process, symptom management of chronic conditions, and the prevention of

exacerbations and complications. The emphasis is on enabling patients to assume the responsibility for self-management and be capable of making informed decisions. The educational presentation and a guide for practice to support nurses in their role as educator will begin to establish a foundation for consistency using an evidence-based approach.

The patient education practice at this home health agency lacked a consistent evidence-based approach. I introduced the framework of the nursing process as it applies to patient education initiated with a detailed learner assessment that I developed based on the current literature and my experience as a patient educator. Once the nurse has completed a thorough assessment of the learner and analyzed the data the nurse and the patient together determine the learning needs and desired outcomes. The next step of the process is to develop an individualized action plan and implement education based on priority of needs. The content is to be prioritized and organized in phases with patient safety holding precedence.

Patient education has not been formally addressed at this home health agency, yet it is an everyday task the nurses perform in their role as a home health nurse. I have spoken to family members of home health patients who commented that nurses lacked an ability to provide clear and concise instructions. One specific issue noted was the management of an urostomy.

### **Local and Background Context**

This staff education project was the development of an educational presentation and a supplemental guide that would enrich nurses' knowledge and skills for the

challenges of the patient educator. The question that directed the purpose of the DNP project was: Will the provision of education and a supportive guide for individualizing patient education improve the knowledge and self-confidence of home health nurses in providing patient education on self-management of chronic disease? The assumption made was that nurses and patients would benefit from a systematic evidence-based approach to education. The recognized gap in practice was the lack of consistent and effective patient education regarding self-management. Effective education is important because it can impact health outcomes and has the potential to empower patients to be proactive in their health care. People are living longer with chronic conditions and require skillful support and guidance for maintaining quality of life (Blevins, 2018).

Jarrina, Fatemah, Pouladib, and Madigac (2019) surveyed home care nurse leaders internationally about the priorities for the future of home care. Priority areas for establishing best practices and effectiveness of home care were around patient and caregiver education, chronic condition management, medication management, patient safety, and prevention of unnecessary hospitalizations. Participants also stated that best practice knowledge development in home care will empower nursing education resulting in improved patient, family, and caregiver education.

This staff education program focused on assisting the nurse in the home health setting but it also applies to all nurses responsible for patient education. The home health agency services older adult patients located in a rural area in the southeast region of the United States. The nursing staff provides care for geriatric patients who are homebound and many of whom have chronic conditions. Changing the health behavior of this

population of older patients afflicted with chronic conditions is challenging and therefore warrants consistency in the approach to education. The education level of this population is high school and below. The race and ethnicity of this population varies from Hispanic, African American, and Caucasian. The majority of patients exist on a low fixed income and are highly dependent on the health care system (Health Council of Southeast Florida, 2016). Small improvements in health behaviour like medication adherence can be viewed as successful accomplishments.

The Centers for Medicare and Medicaid's Hospital Readmissions Reduction Program (2012) implemented a payment reduction plan for hospital readmissions. Patients with chronic conditions, such as heart failure and chronic obstructive pulmonary disease who are discharged from acute care often have complicated medication and treatment plans. Home health nurses fill a gap for those in need of education and support. Home health nurses assume the challenge and responsibility of ensuring the safety of patients at home. They have a unique and comprehensive view of what is happening in the patient's daily life. They are the professionals who have the ability to make an impact and potentially prevent and reduce readmissions. The task of patient education if done effectively will help to improve health outcomes and quality of life.

### **Role of the DNP Student**

I have been a nurse educator since 2004 and that motivated me to apply my educational knowledge and skills to my DNP project addressing the knowledge gap in patient education. My own experience as a home health nurse made me realize the extent of education that happens once the patient returns home. I was involved in a pilot study

for high risk infants and mothers funded by the Commonwealth of Massachusetts. This project opened my eyes to the critical importance of education. I visited and supported high risk mothers and infants in the community to monitor their safety and provide support. The majority of care and support I provided was education which I found was extremely challenging. I quickly learned what methods were effective and ineffective. Eventually I realized that the information had to be patient centered, goal directed, interactive and separated into segments. I identified what the priorities were and developed modules on the topics I felt were most important: hygiene, wellness, nutrition, growth and development, and comfort methods. This helped me to maintain my focus as well as the mother's. Once the module was completed and I felt confident the learning goals were achieved, the mother received a certificate.

The DNP project focusing on patient education has provided me with the opportunity to revisit the issue at a time when it is so relevant to health care and population health. My experience as a nurse educator made me realize how multifaceted education is and how many components should be considered. I believed based on my experience and education that I had the ability to create an education program and guide that would enrich the patient education skills of home health nurses and other nurses assuming the role of patient educator.

A potential bias was that I believe in the importance of teaching nurses how to be effective patient educators, because if patient education is done correctly it will make a difference in patient outcomes. If home health nurses are proficient at patient education they have the ability to reduce readmissions to acute care. I remained objective during

the development of the guide and presentation. I developed the program evaluation questions following the Kirkpatrick model (Kirkpatrick Partners, 2019) suggestions.

### **Summary**

Section 2 of this study identified and explained the underlying concepts, models, and theories related to patient education. They were the foundation of the project and represent the behavioral science-based evidence supporting the strategies necessary for effective patient education. The goal of the project was to reduce the gap in nursing knowledge related to patient education by presenting a systematic evidence-based approach that is realistic and practical for the everyday functioning of the home health nurse and other nurses responsible for education. The patient population within this rural area will hopefully benefit from the improved skills of the home health nurse. The guide for developing education plans is patient-centered and goal-directed to improve individual skills for disease prevention and health promotion. Section three discusses the collection and analysis of evidence.

## Section 3: Collection and Analysis of the Evidence

### **Introduction**

The underlying problem that motivated this staff education project was the need for effective and consistent patient education that supports self-management for patients with chronic conditions in the home setting. The purpose of this project was to develop a patient education program and supplemental guide for home health nurses and for other nurses responsible for patient education. The focus of the project was on establishing a consistent evidence-based approach to patient education and on presenting the information with a guide to enrich nurses' ability and skills to meet the challenges of a patient educator. Informed patients who are prepared for self-management are more capable of making informed decisions about their health care and could improve their health outcomes. Patient education is important because it has the ability to empower patients to be proactive in their health care (Bodenheimer et al., 2002). People with chronic conditions are living longer; to maintain quality of life, they require skillful support and guidance (Blevins, 2018).

Section 3 reiterates the practice-focused question and how it aligns with the purpose and approach of this staff education project. I present evidence to validate the benefits of patient education and discuss multiple methods and approaches that have proven effective. I provide a detailed description of the participants and the plan for the staff education presentation and guide. The analysis and synthesis of the project describe how the Kirkpatrick model (Kirkpatrick Partners, 2019) acted as the evaluation framework and how the data were obtained, analyzed, and synthesized.

### **Practice-focused Question**

The gap in practice was that nurses who provide home health care have an important role in patient education and fostering self-management, yet they may not be equipped to implement this important responsibility effectively (Sherman, 2016). The nurses at this home health agency expressed a concern about (a) their knowledge and confidence about teaching self-care management to patients and (b) the lack of a standardized approach to patient education. The practice-focused question was as follows: Will the provision of education and a supportive guide for individualizing patient education improve the knowledge and self-confidence of home health nurses in providing patient education on self-management of chronic disease? The assumption underlying the project was that education and a supplemental guide would be an effective method for improving nursing's skills to meet the challenge of patient education.

The patients cared for by the nurses of this home health agency are residents of a rural southeastern region of the United States. The agency admits approximately 350 patients annually and provides skilled nursing, physical therapy, occupational therapy, and speech therapy to older adults. The nursing staff (who previewed and determined the benefits of the guide) provide care for geriatric patients, many of whom have chronic conditions and are homebound. Changing the health behaviors of this population is probably the most challenging responsibility and therefore warrants the support of a guide to achieve all around consistency in the approach to education. The health literacy level of this population is low and many of the patients are highly dependent on the



health care system. Small improvements in health behaviors are viewed as successful results, such as medication adherence and a reduction in emergency department (ED) visits and hospital readmissions within a 90-day period.

Short-term operational measures that determined the degree of presentation and guide effectiveness were based on the nurses self-reported perceptions on knowledge gained and improvement of confidence level. Long-term measures to determine the impact on patients' health outcomes could be measured by number of ED visits and hospital readmissions. The goal being the reduction of ED visits and hospital readmissions. The education program and guide were presented to a committee consisting of two nurse educators, two staff nurses, and the nurse manager for their suggestions. Revisions were made according to the review feedback. A pretest and posttest was completed by participants in order to determine knowledge gained and improvement in confidence level. Immediately following the presentation participants were asked to complete a learner satisfaction survey.

### **Sources of Evidence**

The literature available on patient education offers valuable information that was synthesized and incorporated into the development of the presentation and guide. Chronic Care Management is one of the four pillars and preventive strategies of population health advocates for patient engagement and self-management (Fabius et al., 2016). The Chronic Care Model developed by Dr. Wagner (1998) addresses the components of tertiary prevention strategies which focus on minimizing complications and exacerbations through compliance with evidence-based treatment (Fabius et al.,

2016). The model consists of six essentials necessary for high-quality disease management. One of the essentials advocates for clinicians to collaborate with patients and develop partnerships that enable them to manage their health and health care (Garland-Baird & Frasier, 2018). Effective self-management skills and treatment compliance rely on informed patients who understand their disease process and rationale for interventions. Decision-making and problem solving related to chronic conditions are strengthened by education.

Chodosh et al. (2005) postulated five intervention characteristics affecting the effectiveness of self-management. They are: (a) tailoring which refers to addressing individual needs and circumstances; (b) group setting of individuals with the same condition; (c) feedback from the provider of the intervention; (d) psychological emphasis included in the self-management intervention; (e) medical care directly from their provider. Chodosh et al. (2005) found statistically significant evidence that self-management programs aimed at patients with diabetes and hypertension showed clinical improvement in blood glucose control and blood pressure reduction.

Sherifali, Berard, Gucciardi, MacDonald, and MacNeil (2018) found evidence that supported the benefit of self-management education on clinical, emotional, and behavioral outcomes of diabetes. The most effective interventions utilized a patient-centered approach with action plans directed toward goals established by the patient. The interventions that were most successful encouraged shared decision-making and the development of problem solving skills. Quality education provided to patients offers a multitude of advantages especially to those with chronic conditions prone to

exacerbations, complications, and comorbidities. The most effective method for health promotion and disease prevention is self-management guided and supported by skilled and knowledgeable health care providers.

Mathew and Thukha's (2018) results indicated that nurse-guided, individualized patient education for the older adult was effective at improving knowledge and self-care skills. The results strongly suggested that tailored, individualized patient education can reduce heart failure readmission rates. Stenberg et al. (2018) concluded that patient education interventions for chronic conditions are valuable in decreasing hospital admissions, hospitalization days, Emergency Department and Primary Care visits, and an increase in quality-adjusted life years.

Ingram and Kautz (2018) discussed a teach-back strategy that can be used for patients with a low literacy level. This involves having the patient be an active participant and repeat all instructions to the educator. Sayah, Williams, Pendersen, Majumdar, and Johnson (2014) suggested basic strategies that are important considerations for effective communication. These include a quiet and private environment free from distractions and interruptions; using eye contact to convey caring and concern; involving the patient in the plan of care; and avoiding medical jargon.

Brown and Bussell (2011) identified several factors of why patients had poor medication adherence including lack of understanding of their disease, lack of involvement in the treatment decision-making process, inadequate health literacy. Wittink and Oosterhaven (2018) discussed the importance of written material that is readable and understandable for the patient. They recommend using short sentences and

simple language, stay in the present tense, limit information to three to five key points, and use pictures and drawings. Wittink and Oosterhaven (2018) suggested using the Flesch-Kincaid readability tests which are designed to indicate the difficulty level of the content. The National Institute of Health recommends that education materials be written at a sixth to seventh grade reading level and not contain irrelevant distracting images.

The goals and objectives for the manual were formulated as recommended by the current literature. I conducted a systematic review of resources to substantiate an evidence-based approach to patient education using the following databases: CINAHL, MEDLINE, ProQuest Nursing, and Allied Health Source. (Two other resources were used: Agency for Healthcare Research and Quality and the NIH websites.) The search words were as follows: *self-management, chronic conditions, patient education, health education, professional development, motivation of health behaviors, and home health nursing*. I concentrated the search on patient education in order to compare methods and approaches, and to determine which were most effective and the rationale behind the findings.

The director of nursing and 22 home health nurses who are employed by the home health agency were invited to attend the 2-hour staff education presentation on patient education. The leadership and management of the home health agency viewed the presentation and guide on patient education as a positive factor influencing patient outcomes and considered this a quality improvement project. The expert committee members and the participants were informed of the purpose of the project, the potential

benefits of participating, the ability to withdraw at any point, and anonymity of their evaluation responses.

The presentation was given in a classroom at the home health agency. The presentation emphasized a systematic evidence-based approach to patient education and summarized the contents of the supplemental guide. A case scenario of a patient with heart failure was used to demonstrate the education process and the usefulness of the guide. Copies of the guide were distributed to the participants. Following the presentation, the participants had an opportunity to engage in a question and answer session.

### **Analysis and Synthesis**

The project question was: Will the provision of education and a supportive guide for individualizing patient education improve the knowledge and self-confidence of home health nurses in providing patient education on self-management of chronic disease? The evaluation process was a customized version of the Kirkpatrick model (Kirkpatrick Partners, 2019) that addressed three of the four levels for measuring the effectiveness of the presentation and guide for patient education. The three levels measured were reaction, learning, and behavior. The Kirkpatrick model (2019) offered examples of survey questions for collecting data about the effectiveness of each level of the program.

- Level 1: Reaction evaluated how satisfied and engaged the learners were and if they felt the training was relevant to their role as home health nurses. Level 1 type questions were distributed at the completion of the presentation.

- Level 2: Learning measured how well the participants learned based on knowledge, skill, attitude, and confidence. This level was measured with an anonymous pre and post survey on knowledge, skills, attitude, and confidence gained. A pre-presentation question example was: Do you feel you have the knowledge that is needed for effective patient education? A follow up post-presentation question example was: Do you feel this information has improved your knowledge for effective patient education?
- Level 3: Behavior evaluated how learners are able to apply knowledge to behavior and implement a change in practice. Two weeks post presentation a survey to assess Level 3 was administered to participants. This evaluated how well the nurses were able to apply what they learned from the presentation and guide. Each level of questions used a five-point Likert scale for responses.

The results of the pre and posttest were compared, calculated, and analyzed. The responses to the questions at each level were calculated separately in order to collect data on the reaction to the presentation and guide, the nurses' perceived learning, and the nurses' behavior based on application and practice change. The participants satisfaction with the presentation was one piece of the evaluation that was analyzed, the perceived learning was based on pre and post questions compared and analyzed, and the third piece was application of content which was surveyed two weeks post presentation

### **Summary**

Section 3 focused on clarifying the identified gap in practice, the practice-focused question, and the purpose of the staff education project. It identifies sources of evidence

that were collected and includes a description of the method of collection and analysis of evidence supporting the development of staff education program and a supplemental guide. The literature provided information on various methods, strategies, and recommendations, that may impact the effectiveness of patient education. For example, National Institute of Health's recommendation that educational material be at a sixth to seventh grade reading level. Kirkpatrick's model was introduced as the method for evaluating the presentation and guide at three levels.

## Section 4: Findings and Recommendations

### **Introduction**

According to the approach of the U. S. health care system toward health promotion and disease prevention, individuals afflicted by chronic conditions are expected to actively participate in self-management. Thus, patients must have a significant level of health literacy (which many lack) as well as the motivation needed to make lifestyle changes. Nurses could contribute to the goals of health promotion and disease prevention by acquiring the knowledge and skills to function as a patient educator and motivator. The foundation of this staff education project was home health staff nurses' lack of formal training in patient education.

The study's practice-focused question was: Will the provision of an education session and a supportive guide for individualizing patient education improve the knowledge and self-confidence of home health nurses in providing patient education on self-management of chronic disease? The purpose of this staff education project was to increase the knowledge and skills of the home health nurses by providing them with an educational session and guide on a systematic, evidence-based approach for patient education.

The problem, intervention, comparison, and outcome are stated below:

- Problem: Home health nurses have a gap in knowledge in regard to patient education.
- Intervention: A staff education presentation and resource guide were provided to the home health nurses to address the knowledge gap.



- Comparison: The knowledge gained was measured by pretest and posttest results
- Outcome: Nurses' knowledge, confidence, and skill improved following the presentation.

### **Sources of Evidence**

The initial step for this project was to search for evidence in the literature on the impact of effective patient education and whether education can improve patients' self-management of chronic conditions. Evidence from the literature affirmed the value of effective patient education. The next step was to evaluate the nursing practice of patient education at the home health agency. I began synthesizing and analyzing the literature for best practice and evidence-based educational approaches for self-management of chronic disease by adults. I used the following databases: CINAHL, MEDLINE, ProQuest Nursing, and Allied Health Source. The search words were as follows: self-management of chronic conditions, patient education, home health nursing, professional development, and motivation of health behaviors.

Chodosh et al. (2005) found evidence that self-management programs for patients with diabetes and hypertension showed clinical improvement in blood glucose control and blood pressure reduction. Mathew and Thukha's (2018) results indicated that nurse-guided, individualized patient education for older adults was effective at improving knowledge and self-care skills. The results confirmed that tailored patient education can be effective at reducing heart failure readmission rates. Stenberg et al. (2018) concluded that patient education interventions for chronic conditions are valuable in decreasing

hospital admissions, hospitalization days, emergency department and primary care visits, and an increase in quality-adjusted life years.

The literature on patient education most commonly refers to Knowles's adult learning theory and Bandura's SLT as the framework for educational interventions. I included considerations for Neuman's health system model and Prochaska and DiClemente's TTM. The literature on patient education suggests that the following information should be collected: age, culture, language, education level, sensory deficits, learning preferences, stressors, and other potential barriers. A learner assessment appeared to be the most comprehensive method for including all the factors influencing the teaching-learning process.

### **Findings and Implications**

A 2-hour presentation was given to seven staff nurses and the director of nursing at the designated home health agency. A supplemental guide for future reference was provided to each participant. Three of the participants had a BSN degree and five had an ADN degree. Participants were asked to complete three levels of evaluation based on the Kirkpatrick model (Kirkpatrick Partners, 2019). A 5-point Likert scale was used for each level.

The learner satisfaction survey results were unanimous at reflecting "very much." The nine survey questions measuring Level 1 Reaction were:

- I was satisfied with the presentation overall.
- The course content was relevant to my role as a home health nurse.
- The program and facilitator were organized.

- Facilitator was familiar with the information.
- Facilitator encouraged questions.
- The guide was helpful and effective.
- The course objectives were clear.
- The training motivated me to be proactive with my approach to patient education.
- My knowledge about patient education has increased.

The nurses appreciated the opportunity to discuss their frustrations with patients' participation in self-management and treatment plan adherence. The nurses spoke about how patients refer to medications as color and shape of pills verses knowing the medication name, action, and adverse effects and how patients refuse to take responsibility for their treatment plan. The presentation emphasized the importance of avoiding a paternalistic relationship with patients instead developing partnerships with patients to foster self-management.

The eight participants were asked to complete a pre and posttest for the purpose of evaluating learning and a post presentation satisfaction survey. The same eight questions were on the pre and posttests (see Figure 1). Three questions asked about familiarity with Neuman's systems model (Neuman, 2019), adult learning theory (Knowles, 1980) and the transtheoretical model (Prochaska & DiClemente, 1983). Four questions asked the participants to rate their knowledge and ability on the components of a learner assessment, development of outcomes, paternalism verses partnerships, and teach back. One of the questions asked about the nurses' level of self-confidence as a patient educator. On the pretest three of the eight participants indicated they were fully

confident in the role as a patient educator. The five remaining participants showed improvement on the posttest. The results of the pre and posttests indicated that the nursing staff at this home health agency gained an increased understanding and appreciation of the dynamics of patient education (see Figure 2).

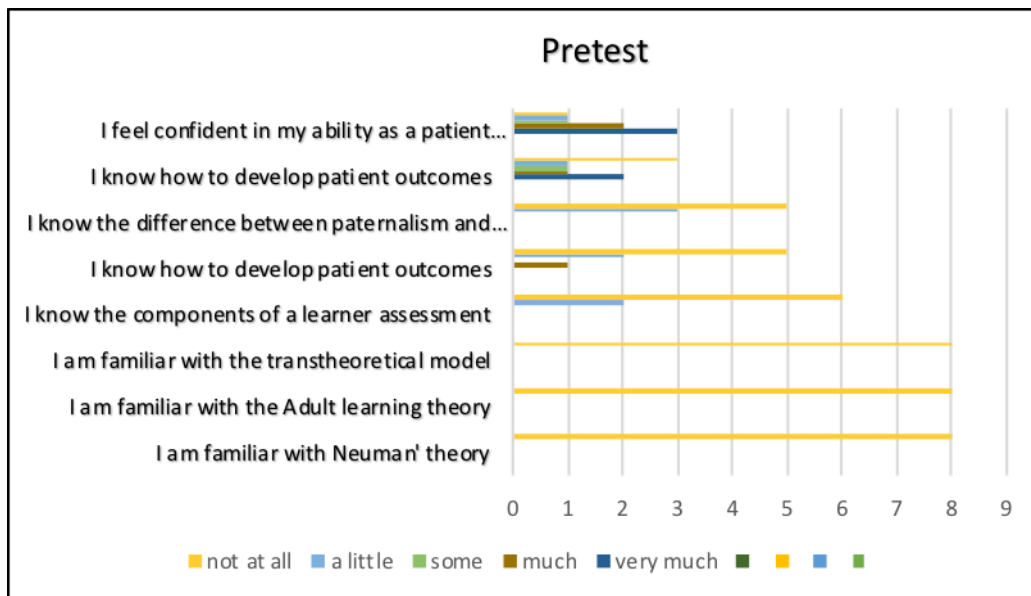


Figure 1. Pretest results ( $N = 8$ ).

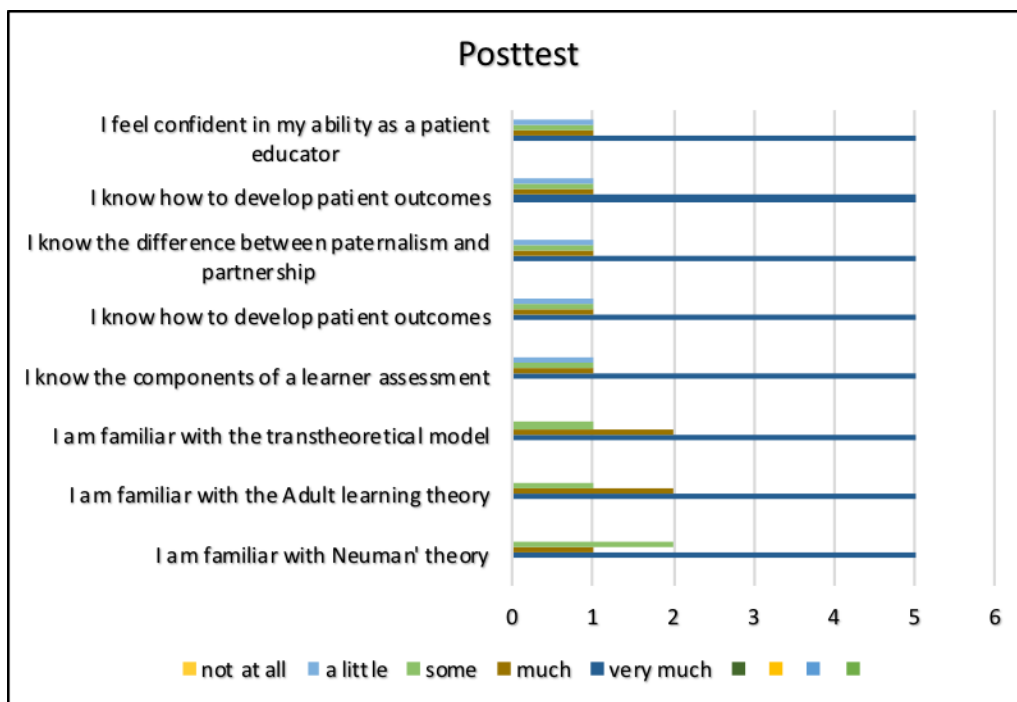
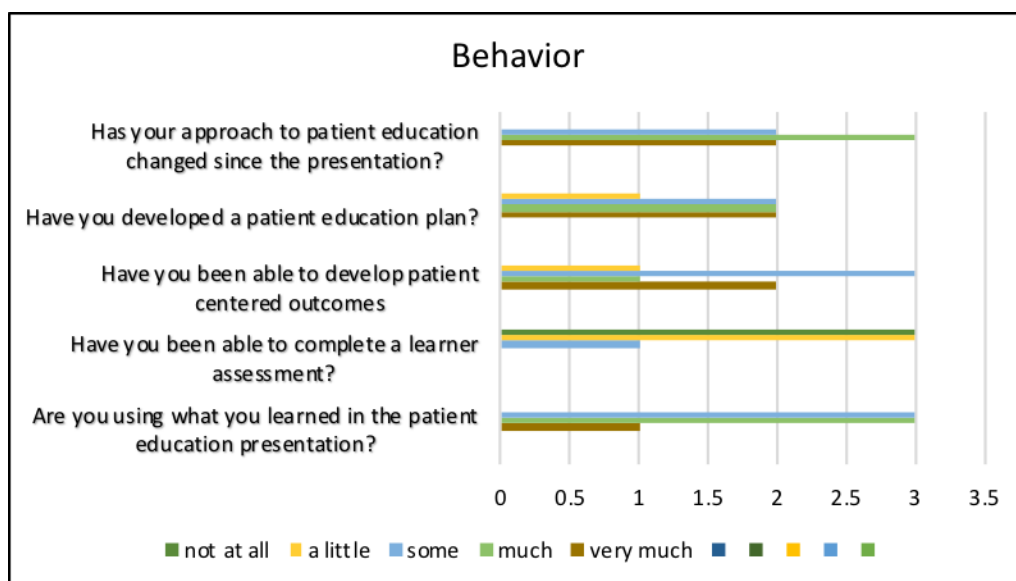


Figure 2. Posttest results ( $N = 8$ ).

Kirkpatrick's Level 3: Behavior change/application was measured two weeks post presentation. The survey results indicated that the seven staff nurses who attended the presentation and received a guide applied the information to patient education (see Figure 3). The learner assessment content was considered when developing a teaching plan but not formally completed in format. The Level 3 survey questions were:

- Are you using what you learned in the patient education presentation?
- Have you been able to complete a learner assessment over the past 2 weeks?
- Have you developed patient centered outcomes over the past 2 weeks?
- Have you developed a patient education plan over the past 2 weeks?
- Has your approach to patient education changed since the education presentation?



*Figure 2.* Behavior change in practice 2 weeks post presentation

The intended social change resulting from the project was that home health nurses would become more proficient and confident as patient educators and that proficiency in turn would make a direct impact on a patient's ability to make informed decisions and assume responsibility for self-management of chronic conditions. The underlying assumption was that educated and empowered patients capable of self-managing their health and chronic conditions will have fewer complications and comorbidities requiring less ED and provider visits as well as reduced hospital admissions and readmissions. Patient education delivered effectively by skilled home health nurses has the ability to foster self-management behaviors, improve patient outcomes and quality of life. As the nation's health care system centers around health promotion/disease prevention nurses have an important role and responsibility as health educators.

### **Recommendations**

Chronic illness in the United States affects about half of all adults or 117 million (CDC, 2018). Chronic conditions such as heart disease, stroke, cancer, diabetes, obesity, and arthritis are the most common and modifiable conditions (Fabius, Pracilio, Nash, & Clarke, 2016). Sidorov and Romney (2016) noted that 30-60% of patients are noncompliant with their medical treatment and medication regimens. As the health care system focuses on health promotion disease prevention nurses must be competent in the role of patient educator. Effective patient education has the ability to improve adherence to treatment plans and foster self-management.

I believe that more emphasis should be directed at preparing nurses for the role as patient educator in all settings. The content should be embedded into nursing curricula and included in staff education programs in all applicable settings. The art and science of patient education requires a universal evidence-based approach. Nursing process provides a consistent framework familiar to nurses, learning and behavior theories offer evidence, Maslow's hierarchy of needs (1943) addresses prioritizing, Neuman (2019) advocates for an individualized holistic approach, barriers to learning and learning styles must be a consideration, and a variety of learning resources should be included (see Figure 4).

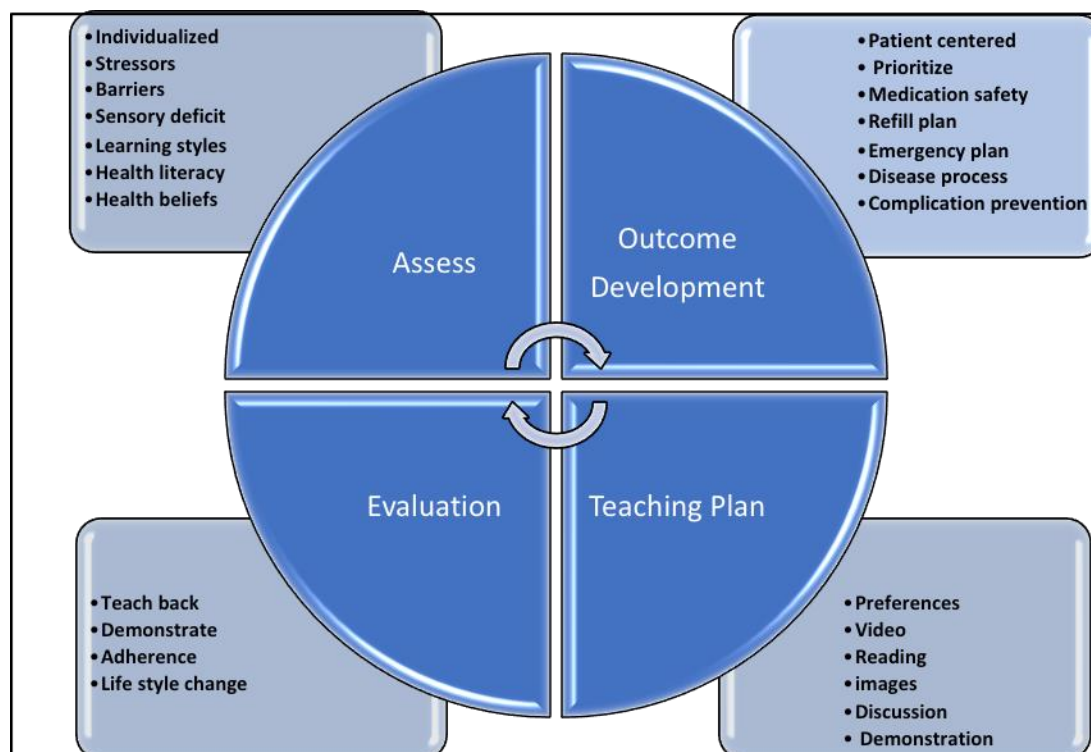


Figure 3. The teaching process (2020) based on nursing process

I recommend that further studies with a larger sample size be done to determine the value of a staff education program and evaluate the effectiveness of patient education based on patient outcomes, for instance, readmissions to acute care within a 90-day period.

### Strength and Limitations of the Project

The project's strength was the evidence from the pre and posttests indicating the acquisition of knowledge and confidence from the presentation and the substance of the discussion about patient adherence to treatment and the challenges it presents. The most significant limitation was the small sample size ( $n = 8$ ). The number of participants was less than originally expected. Home health nurses are a difficult population to teach live



in a classroom because they are out in the community visiting patients and frequently have inflexible schedules not allowing them time for live staff education. Technology wise, there were two brief videos I planned on showing on “teach back” and health literacy plus links to helpful resources however the internet was unavailable.

## Section 5: Dissemination Plan

### **Dissemination**

Initially my plan for dissemination at the local level is to offer the presentation to other home health agencies in the community. I feel this will allow me to stay in touch with the real world and share my knowledge and receive feedback. I also plan to offer the presentation to local nursing schools and receive feedback as well. In the future, I would like to present at a conference and publish a product I am confident in.

### **Analysis of Self**

I have been a nurse since 1977 and a nurse educator since 2004. I decided to follow a clinical track in Walden University’s Doctor of Nursing Practice program because I wanted to strengthen my knowledge about creating evidence-based practice out of research. The topic of patient education seemed like a perfect fit for my project because I had experience as a home health nurse and had identified my limitations as a patient educator. This was an opportunity to address patient education from a nurse educator’s perspective.

One of challenges and areas of growth throughout this project was the maturing of my organizational and planning abilities. The analysis and synthesizing of the literature proved to be much more time consuming than expected. However, my interest expanded

the more I read. I learned to focus on my topic; I enriched my ability to apply research to practice; and I improved my writing and presentation skills.

In my early years of 42 years of nursing, I was a home health nurse for high-risk infants and mothers. I realized the importance of my role and responsibility as an educator and a support for mothers and their infants. I knew what I did everyday mattered to the lives of my patients. I began working on a plan to develop a systematic approach to patient education. This project provided me with an opportunity to concentrate my efforts on patient education and develop an all-encompassing, evidence-based process. I created an approach that I shared with home health nurses, and it was well received.

I am convinced that patient education must have a universal framework. The nursing process was familiar and easily adaptable. I researched and discovered a multitude of influences that needed to be considered in the learning process: (a) the assessment had to gather data specific the learner; (b) barriers had to be identified; (c) the outcomes had to be learner centered and comprehensible; (d) the teaching plan had to be tailored and relevant to meet the needs of the patient; (e) the educational resources had to be chosen based on learner preferences and health literacy; (f) the evaluation had to be accurate and evidence-based; (g) communication had to be therapeutic, skillful and planned; (h) caring had to be conveyed throughout the process; (i) the relationship between the nurse and patient had to be one of a partnership; and (j) nonadherence had to be accepted and approach be reevaluated.

The question to contemplate at this time is when will nurses be recognized as patient educators and be reimbursed for educational support services?

Step 1: Develop a consistent, structured, evidence-based process.

Step 2: Implement and measure effectiveness.

Step 3: Conduct research to validate the hypothesis that patient education, done effectively by competent nurses, contributes to reducing the need for acute care services and improves the quality of life. Once the hypothesis is established, nursing can advocate for the value of effective patient education and its impact on positive health outcomes.

### **Summary**

This staff education project for home health nurses directed at enriching their ability to be competent patient educators has been professionally and personally satisfying. I have been inspired by the multiple contribution's health professionals have made to address the importance of quality patient education. I identified a gap in nursing practice and developed an evidence-based project for home health nurses in order to improve their knowledge, skills, and confidence as patient educators. This staff education project was constructed based on evidence from the literature. My objective was to create a systematic approach to patient education using the framework of nursing process. The approach included: a thorough assessment of the learner (patient), the development of a patient-centered outcomes, the creation of educational strategies and the establishment of consistent methods for evaluation. This approach was then presented to the nursing staff at a home health agency.

This project report has been prepared following the DNP project checklist. Section 1 included the identification and description of the problem, the purpose of the

project, and the practice-focused question. It discussed the significance of the project for the local population, nursing practice, and potential implications for positive social change. Section 2 reviewed the background and context related to the problem. It included the concepts, theories, and models that contributed to the development of the project and the relevancy to the nurse's role as patient educator. Section 3 presented the collection and analysis of evidence supporting a systematic approach to patient education. Section 4 reviewed the findings and presented implications of the patient education project and offered recommendations. Section 5 was a self-assessment, thoughts for the future, and the plan for dissemination.

## References

- Al Sayah, F., Williams, B., Pendersen, J. L., Majumdar, S. R., & Johnson, J. (2014). Health literacy and nurses' communication with type 2 diabetes patients in primary care settings. *Nursing Research*, *63*(6), 408-417.  
doi:10.197/NNR.00000000000000055
- American Nurses' Association (2014). *Home health nursing: Scope and standards of practice* (2<sup>nd</sup> ed). Silver Spring, MD: American Nurses' Association, Inc.
- Baker, E. & Fatoye, F. (2019). Patient perceived impact of nurse-led self-management interventions for COPD: A systematic review of qualitative research. *International Journal of Nursing Studies*, *91*, 22-34  
doi:10.1016/j.ijnurstu.2018.12.004
- Bandura, A. (1971). Social Learning Theory. New York, NY: *General Learning Press*, 1-46. Retrieved from  
[http://www.asecib.ase.ro/mps/Bandura\\_SocialLearningTheory.pdf](http://www.asecib.ase.ro/mps/Bandura_SocialLearningTheory.pdf)
- Beagley, L. (2011). Educating patients: Understanding barriers, learning styles, and teaching techniques. *Journal of PeriAnesthesia Nursing*, *26*(5), 331-337.  
doi:10.1016/j.jopan.2011.06.002
- Blevins, S. (2018). The art of patient education. *MEDSURG Nursing*, *27*(6), 401-402.
- Bodenheimer, T., Lorig, K., Holman, H., Grumbach, K. (2002). Patient self-management of chronic disease in primary care. *Journal of the American Medical Association*, *288*, 2469-2475. doi:10.1001/jama.288.19.2469
- Brown, M. T. & Bussell, J. K. (2011). Medication Adherence; Who cares? *Mayo Clinic*

*Proceedings* 86(4), 304-314. doi:10.4065/mcp.2010.0575

Centers for Disease Control and Prevention. (2018). About chronic disease. Retrieved from <http://www.cdc.gov/chronicdisease/about/index.htm>

Chinn, P. L. & Kramer, M. K. (2004). *Integrated knowledge development in nursing*. St. Louis, MO. Elsevier.

Chodosh, J., Morton, S. C., Mojica, W., Maglione, M., Suttrop, M. J., Hilton, L.,...Shekelle, P. (2005). Meta-analysis: Chronic disease self-management programs for older adults. *Annals of Internal Medicine*, 143, 427-438.

Coleman, E. A, & Min, S. (2016). Patients' and family caregivers' goals for care during transitions out of the hospital. *Home Health Care Services Quarterly*, 34(4), 173-184. doi:10.1080/01621424.2015.1095149

Fabius, R. J., Pracilio, V. P., Nash, D. B., & Clarke, J. L. (2016). The population health premise. In D. B. Nash, R. J. Fabius, A. Skoufalos, J. L. Clarke, & M. R. Horowitz (Eds.), *Population health: Creating a culture of wellness* (2nd ed., pp. 1-18). Burlington, MA: Jones & Bartlett Learning.

Flanders, S. A. (2018). Effective patient education: Evidence and common sense.

*MEDSURG Nursing*, 27(1), 55-58.

Garland-Baird, L. & Frasier, K. (2018). Conceptualization of the chronic care model:

Implications for home care case manager practice. *Home Healthcare Now*, 36(6), 379-385. doi:10.1097/NHH.0000000000000699

Health Council of Southeast Florida (2016). Glades County Florida Community Health Assessment. Retrieved from [floridahealth.gov/provider-partner-](http://floridahealth.gov/provider-partner-)

resources/community-partnerships/floridamapp/state-and-community-reports/glades-county.pdf

Ingram, R. & Kautz, D. (2018). Creating “win-win” outcomes for patients with low health literacy: A nursing case study. *MEDSURG Nursing*, 27(2), 132-134.

Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press. doi:10.17226/10027

Jarrina, O. F., Pouladib, F. A., & Madiganc, E. A. (2019). International priorities for home care education, research, practice, and management: Qualitative content analysis. *Nursing Education Today*, 73, 83-87. doi:10.1016/j.nedt.2018.11.020

Jones, R. A., Utz, S., Wenzel, J., Steeves, R., Hinton, I., Andrews, D.,...Oliver, N. (2006). Use of complementary and alternative therapies by rural African American with type 2 diabetes. *Alternative Therapies in Health and Medicine*, 12(5), 34-38.

Kirkpatrick Partners. (2019). Kirkpatrick foundational principles. Retrieved from <https://www.kirkpatrickpartners.com/Our-Philosophy/Kirkpatrick-Foundational-Principles>

Knowles, M. (1980). *The modern practice of adult education: Andragogy versus pedagogy*. Englewood Cliffs, NJ: Cambridge Adult Education. Retrieved from <https://colllearning.info/wp-content/uploads/2019/03/the-modern-practice-of-adult-education.pdf>

Lay, S., Moody, N., Johnsen, S., Petersen, D., & Radovich, P. (2019). Home care program increases the engagement in patients with heart failure. *Home Health*

*Care Management & Practice*, 3(2), 99-106. doi:10.1177/1084822318815439

Mathew, S. & Thukha, H. (2018). Pilot study of the effectiveness of nurse-guided, patient-centered heart failure education for older adults. *Geriatric Nursing*, 39, 376-381. doi:10.1016/j.gerinurse.2017.11.006

MedPAC (2018). Mandated report: The effects of the hospital readmissions reduction program. Retrieved from [http://www.medpac.gov/docs/default-source/reports/jun18\\_ch1\\_medpacreport\\_sec.pdf?sfvrsn=0](http://www.medpac.gov/docs/default-source/reports/jun18_ch1_medpacreport_sec.pdf?sfvrsn=0)

Neuman, B. (2017). Neuman system model. Retrieved from <https://www.neumansystemsmodel.org>

Newman, D. L. (2005). A community nursing center for the health promotion of senior citizens: Based on the Neuman Systems Model. *Nursing Education Perspectives*, 26(4), 221-223.

Reguin-Hartman, K., Bush, R., Hopkinson, S., Murray, A., Pamley, S., Prue-Owens, K., & Steinwedel, C. (2018). *Scope and standards of medical surgical nursing practice* (6th.ed.). Pitman, NJ: Academy for Medical-Surgical Nurses. Retrieved from <https://www.amsn.org/sites/default/files/documents/practice-resources/scope-and-standards/AMSN-Scope-Standards-MS-Nursing.pdf>

Russell, S. (2006). An overview of adult-learning processes. *Urologic Nursing*, 26(5), 349-370.

Prochaska, J. O. & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model for change. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.



- Sanchez, L. M., & Cooknell, L. E. (2017). The power of 3: Using adult learning principles to facilitate patient education. *Nursing*, 47(2), 17-19.  
doi:10.1097/0.nurse.0000511819.18774.85
- Schneidermann, M. & Critchfield, J. (2013). Customizing the “teachable moment”: Ways to address hospital transitions in a culturally conscious manner. *Journal of the American Society on Aging*, 36(4), 94-97.
- Sevin, C., Evdokimoff, M., Sobolewski, S., Taylor, J., Rutherford, P., & Coleman, E. A. (2013). *How-to-Guide: Improving transitions from the hospital to home health care to reduce avoidable rehospitalizations*. Cambridge, MA: Institute for Healthcare Improvement. Retrieved from  
<https://www.ihl.org/resources/pages/tools/howtoguideimprovingtransitionsfromhospitaltohomehealthcarereduceavoidablehospitalizations.aspx>
- Sherifali, D., Berard, L.D., Gucciardi, E., MacDonald, B., & MacNeil, G. (2018). Self-management education and support. *Canadian Journal of Diabetes*, 42, 36-41.  
doi:10.1016/j.cjcd.2017.10.006
- Sherman, J. R. (2016). An initiative to improve patient education by clinical nurses. *MEDSURG Nursing*, 25(6), 297-300.
- Sidrov, J., & Romney, M. (2016). The spectrum of care. In D. B. Nash, R. J. Fabius, A. Skoufalos, J. L. Clarke, & M. R. Horowitz (Eds.), *Population health: Creating a culture of wellness* (2ed., pp. 19-41). Burlington, MA: Jones & Bartlett Learning.
- Stenberg, U. , Vagan, A., Flink, M. Lynggard, V., Fredriksen, K., Westermann, K. F., Gallefoss, F. (2018). Health economic evaluations of patient education

interventions a scoping review of the literature. *Patient Education and Counseling, 101*, 1006-1035. doi:10.1016/j.pec.2018.01.006

The Joint Commission. (2019). National patient safety goals. Retrieved from [https://www.jointcommission.org/assets/1/6/NPSG\\_Chapter\\_AHC\\_Jan2019.pdf](https://www.jointcommission.org/assets/1/6/NPSG_Chapter_AHC_Jan2019.pdf)

U. S. Department of Health and Human Services. (2010). Multiple chronic conditions— a strategic framework: Optimum health and quality of life for individuals with chronic conditions. Retrieved from [https://www.giaging.org/documents/mcc\\_framework.pdf](https://www.giaging.org/documents/mcc_framework.pdf)

Wagner, E. H. (1998). Chronic disease management: What will it take to improve care for chronic illness. *Effective Clinical Practice, 1*(1), 2-4.

Walden University. (2017). *Manual for staff education project: Doctor of Nursing Practice (DNP) scholarly project*, 1-12. Retrieved from [https://academicguides.waldenu.edu/ld.php?content\\_id=32804379](https://academicguides.waldenu.edu/ld.php?content_id=32804379)

Walden University. (2019). Center for social change: Themes and mission. Retrieved from <https://academicguides.waldenu.edu/social-change/about-us/mission>

Wilson, D. R. (2019). Home health nursing: Scope and standards of practice. *Activities, Adaption, and Aging, 43*(1), 78-79. doi.10.1080/01924788.2019.1565047

Wittink, H. & Oosterhaven, J. (2018). Patient education and health literacy. *Musculoskeletal Science and Practice, 38*, 120-127.

doi.10.1016/j.msksp.2018.06.004