Abstract: P245

Using video education to improve heart failure self-care, knowledge, self-efficacy and 30-day readmissions: an integrative literature review

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Background: No standardised method of teaching patients with heart failure (HF) currently exists. Verbal teaching has been commonly used in most HF self-management education studies. Video education (VE) is a convenient alternative method that may be utilised to educate HF patients.

Purpose: To conduct an integrative review on the effectiveness of VE in improving HF self-care, knowledge, self-efficacy, and 30-day readmissions. Additionally, identify how VE was applied in patient education to inform implementation in healthcare settings.

Methods: An extensive search of CINAHL, Cochrane Library, PubMed, Web of Science, Ovid MEDLINE, Joanna Briggs Institute, PsycINFO, ProQuest, Google Scholar and national organisations was completed. The terms used included: HF, patient education, education, video education, video, DVD, Digital Versatile Disc, videodisc recording, and video-audio media. The retrieved articles were hand searched to identify additional references. Studies met the following criteria: adult HF patients, published in English from 2007 – 2019, included VE as an intervention, and addressed at least one or all of the outcomes. Articles were appraised using the Johns Hopkins Nursing Evidenced-Based Practice Research Evidence Appraisal Tool to evaluate level of evidence and study quality. Analysis and synthesis of the studies focused on key topics including the outcomes measured.

Results: Seven studies (N = 3040 patients) met the inclusion criteria including five randomized controlled trials, one quasi-experimental study and one pretest-posttest design. The majority of patients in the four studies that reported New York Heart Association Functional Class, were either Class II (40.1%) or III (52.5%). Four studies used a theoretical framework, with three using Knowles’s Principles of Andragogy. Video topics covered primarily self-care, symptom identification and management. All studies combined VE with additional teaching resources, mainly written material. Five studies delivered VE via DVD. Six studies measured self-care, measured by the Self-Care of Heart Failure Index in four studies. Mixed results were reported for self-care, with most studies reporting improvement. Three of the four studies measuring HF knowledge, used the Dutch Heart Failure Knowledge Scale. HF knowledge significantly increased in three studies. Self-efficacy significantly improved while 30-day readmission rates did not significantly improve.

Conclusion: Findings suggest that VE may be useful for improving HF knowledge, self-efficacy and components of self-care. Gaps found in the literature included limited data on patient and clinical characteristics, patients’ video usage and satisfaction. Future research is needed to delineate the effects of VE as a stand-alone resource for patient education. Studies did not include recent technological advances in VE delivery (web-based formats, mHealth), future studies may evaluate VE with these new modalities.
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