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Perceived learning needs of Jordanian patients after undergoing Percutaneous Coronary Intervention

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Statement of the Problem: Coronary Heart Disease (CHD) is a major health problem and the leading cause of death in Jordan. As a result of advances in technology and treatment for patients with CHD, the number of patients undergoing Percutaneous Coronary Intervention (PCI) has increased and patients are being discharged sooner than ever before.

Purpose: This study is to explore and prioritize the actual learning needs of Jordanian patients after undergone PCI and to examine the relationships between patient's learning needs and their illness perceptions in order to design nurse-led education programs.

Methodology: A descriptive, correlational design was used. Data were collected from 208 PCI patients before their discharge from King Abdullah University Hospital and Prince Hamzah Hospital. The Percutaneous Coronary Intervention Learning Needs Inventory (PCILNI) was developed to assess patient's learning needs 24-48 hours before their discharge from the hospital and the illness perceptions questionnaire was used to assess their illness perception.

Findings: The results showed that patients need a high amount of information. The information about immediate post-procedural knowledge category was indicated to be the most valued by PCI patients (Mean 4.42). The highest rated items were symptoms management, discharge medication, post-procedural medications and complications. There was a significant negative correlation between total learning needs and personal and treatment control respectively (P=0.012, P=0.028). Patients who perceived low levels of personal and treatment control over illness and tend to need more educational knowledge.

Conclusion & Significance: Patients undergoing PCI have high and different information needs. These findings would help to develop nurse-led education programs based on actual patient's needs and their illness perception, which will facilitate the recovery of patients after undergone PCI.

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