

NURS-FPX6030 Assessment 3: Intervention Plan Design

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Intervention Plan Design

An intervention plan design is a blueprint that ensures that the project incorporates all the necessary considerations and is followed without leaving out essential details. The plan design identifies the intervention components, goals, objectives, and timelines. Gestational hypertension is the focus need for this project. Specialized patient education on gestational hypertension is the proposed intervention aimed at improving knowledge of the condition, promoting lifestyle modifications, and proper management of high blood pressure during and after pregnancy. The target population entails pregnant women who are at risk of gestational hypertension, including women below 20 years and above 40 years, have a family history of gestational hypertension, are diabetic, have a pre-existing immune system disorder, and are expecting more than one baby. The intervention will be implemented at First Choice Women's Clinic. This essay presents the intervention plan designed to implement the intervention in the target setting. The intervention plan design will entail the components, theoretical foundations relevant to the intervention plan, stakeholders, policy and regulations, and ethical and legal implications.

Major Components of the Intervention Plan

Overall, the proposed intervention is a specialized patient education program offered to pregnant women at risk of the condition, particularly focusing on gestational hypertension. The intervention's primary components include setting the project's goal and objectives, identifying a strategy to meet and achieve the objectives, setting a realistic timeline, and devising a way to monitor and evaluate the intervention's progress. The overall goal of the intervention is to improve the knowledge of gestational hypertension in patients at high risk, thus reducing the adverse effects of the condition, including birth complications. The goal was set after realizing an increased number of gestational hypertension-related complications due to poor management

of the condition. Since First Choice Women's Clinic specifically focuses on prenatal, antenatal, maternity/labor, and delivery care, it is essential to focus on educating at-risk patients on the condition, thus improving patient outcomes and the quality of care services in the institution by preventing preventable complications.

The intervention objectives include improved knowledge of gestational hypertension management, better adherence to lifestyle modifications, and appropriate management of high blood pressure among gestational hypertensive patients before and after pregnancy. These objectives are a component that will significantly lead to an improvement in the identified need for increased gestational hypertension-related complications in the institution. As forementioned, the intervention strategy aimed at meeting the goal and achieving these objectives is specialized patient education on gestational hypertension. Studies show improved gestational hypertension management in patients who have received patient education (Kuklina, 2020). Therefore, the intervention was preferred over the current generalized patient education offered to all pregnant women.

The set timeline for implementing the intervention is twelve weeks. In the next twelve weeks, the specialized patient education program will be developed and presented to all identified patients at risk of gestational hypertension. The criteria that will be used to monitor the progress of the intervention implementation is the number of women in the specialized patient education program. An increase in the number of women taking the program will mean success in implementation. Over time, the intervention will be evaluated using the number of complication cases related to gestational hypertension.

Impact of Cultural Needs and Target Population/Setting Characteristics on the Development of the Intervention Plan Components

Different population groups may have different characteristics and also have differing cultural needs. According to Walters et al. (2020), considering cultural needs and target population characteristics enables the project team to develop culturally grounded interventions, thus promoting acceptance and minimizing possible resistance. Therefore, it is essential to consider the population and setting's characteristics and cultural needs when planning the intervention plan design and its components to ensure that the target population embraces and accepts the intervention.

This project's target population entails all women at risk of gestational hypertension who visit first choice women's clinic, the target setting. Since the group has people from different ages and cultural backgrounds, it is worth noting that their characteristics and cultural needs are varied. For instance, women above 40 and below 20 have different cultural needs. Women above 40 need to be respected and involved in deciding on their treatment planning. Additionally, they might require simple and understandable language compared to women below 20 years old.

These different cultural needs and characteristics significantly impacted the development of the intervention plan design and components. For instance, the age differences required the target population to be divided into groups based on age, thus meeting the needs of each. Different groups led to an increase in the estimated timeframe for the project intervention. Moreover, considering that the target population has women from different cultural backgrounds, the patient educational intervention had to be delivered using different languages and forms to meet the cultural needs of all the women in the population. The consideration of cultural needs and group characteristics is based on the assumption that there is a manageable basis for effectively dividing the group.

Theoretical Nursing Models, Strategies from Other Disciplines, and Healthcare

Technologies Relevant to the Intervention Plan

Healthcare interventions are often developed based on nursing theoretical models and other disciplines and employ relevant healthcare technology. One of the theoretical nursing models relevant to the intervention plan design is the Health Belief Model. Azadi et al. (2021) note that the health belief model proposes that patients are more likely to take preventive measures if they perceive the risk of a condition as severe and are personally susceptible to the disease. In this project, the intervention aims at preventing birth complications related to gestational hypertension for at-risk women. Therefore, the theory supports patient education to help the population prevent and manage the condition appropriately. The strength of using this theory is that patients are likely to join the patient education program since all are at risk of the condition; thus, there are more chances of the intervention to succeed. The weakness is that not all at-risk women would not perceive themselves as susceptible to the condition or perceive it to be serious.

Adult learning strategies from the education discipline will be incorporated into the intervention. According to Mkhmalati and Taylor (2019), adults learn differently, and these differences should be incorporated into patient education. The patient education intervention, in this case, incorporated adult learning strategies, including using real-life experiences, keeping lessons short and relevant, providing feedback, and illustrating using examples. Additionally, the intervention will incorporate healthcare technology, including videoconferencing to facilitate patient education and mobile health platforms to communicate with patients. Using technology in patient education is likely to produce better outcomes despite being resource-intensive.

Intervention Plan Components Justification

The selected intervention plan components, the timeframe, the intervention strategy, and the method of assessing progress can address gestational hypertension needs in the target population or setting. According to Rabi et al. (2020), patient education is one of the best practices for preventing gestational hypertension and its related effects. The twelve weeks recommended timeframe is also appropriate for the patient education program. Mkhmalati and Taylor (2019) note that adult learners need adequate learning time since they may not learn as fast as young learners, thus justifying the 12-week timeframe. Additionally, the intervention will be monitored using the number of women in the program and the outcomes. However, conflicting evidence shows that the number of patients taking patient education may not be effective in monitoring the program's effectiveness (Pederson et al., 2019). Rather, the outcomes, such as reduced gestational hypertension complications, would be more effective.

Stakeholders, Policy, and Regulations' Impact on the Intervention Plan Design

The relevant stakeholders in the proposed intervention in this project include health education specialists, patients and their families, doctors, nurses, and institutional leaders. Each stakeholder has different needs and priorities concerning patient education intervention. Therefore, they have a great impact on the intervention plan components. For instance, institutional leaders may dictate patient education methods and timeframe. Institutional patient and health education policy will also impact the intervention since all projects must be developed per the institutional and governmental policies and regulations. These policies may also influence the strategies used for patient education and timeframe. The analysis assumes that all stakeholders know their roles in the project intervention, and the policies and regulations are considered before implementing the intervention.

Ethical and Legal Issues and Their Implications to the Intervention Plan

Different legal and ethical issues related to the healthcare practice of patient education may affect the intervention and its plan and design. In this case, the ethical issues related to patient education include health literacy and cultural sensitivity. Since patients have different health literacy levels, it is an ethical consideration to ensure that each patient is taught at their level. Thus, the intervention plan components, such as timing, may be affected since patients must be divided into groups based on their health literacy levels. Cultural sensitivity may also influence the choice of patient education delivery methods and materials.

In this case, medical malpractice is a legal issue related to patient education. If a care provider provides wrong or inaccurate information in patient education, they may face legal claims of medical malpractice (Kaplan, 2020). Therefore, the care provider should verify the information offered in patient education to ensure it is correct and accurate. There are knowledge gaps in specialized patient education in gestational hypertension since patient education for pregnant women is usually generalized. Further information would improve the intervention plan.

Conclusion

The intervention plan design includes defining the objective, intervention, timeline, and progress monitoring. In this intervention plan, several factors were considered, such as the underlying theoretical principles, involvement of stakeholders, adherence to policies, and ethical considerations. The health belief model served as the foundation for developing the plan.

Moreover, institutional policies and existing health practices are essential factors when devising an intervention design to enhance the intervention's acceptance.

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