

**NURS-FPX6030 Assessment 6: Final Project Submission: Health Education Strategies for
Patients with Gestational Hypertension**

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Abstract

This project aims to develop a health education program focusing on gestational hypertension. The program will be presented to women at risk of the condition and those who have already been diagnosed with the condition. The need that drove the focus of this project is an increased rate of gestational hypertension-related complications during birth. In addition, there was a knowledge deficiency in managing gestational hypertension during and after pregnancy. Therefore, the focused patient educational intervention aimed at improving hypertension management knowledge, improving medication adherence, and promoting lifestyle modifications toward appropriate gestational hypertension management. Overall, the intervention addressed the need, thus reducing the number of gestational hypertension-related complications reported in the institution. The most profound finding from implementing the capstone project was that it is vital to include condition-specific patient education programs, especially for at-risk patients, thus promoting care outcomes and securing population health. In addition, patient education is an effective tool in preventing gestational hypertension-related complications among women at an increased risk of the condition.

Health Education Strategies for Patients with Gestational Hypertension

Gestational hypertension (GHTN) is one of the serious health conditions in pregnancy. It mainly entails high blood pressure that develops after 20 weeks of pregnancy but generally subsides within 12 weeks postpartum. The condition is associated with an increased risk of hypertension in the future, preeclampsia, and an increased risk for birth complications, affecting both the mother and the fetus. Therefore, there is a need to address GHTN, thus preventing the related issues. The project's target population entails women at risk of GHTN or diagnosed with the condition. The project will be carried out at First Choice Women's Clinic, an institution that offers reproductive health and all other related services. The proposed intervention is improving health education through a specialized patient education program. The intervention's major elements include goal setting, strategy identification, timeline setting, and progress monitoring. Furthermore, the intervention will be evaluated by comparing the GHTN-related complications reported in the target institution before and after the intervention implementation. This final project focuses on the problem statement, literature review, intervention plan design, implementation, and evaluation.

Problem Statement (PICOT)

Need Statement

Gestational hypertension is a pregnancy-induced condition whereby the patient suffers high blood pressure after 20 weeks of pregnancy. The condition affects about 6% - 8% of pregnant women, with some women at an increased risk of the condition than others. The condition increases the preeclampsia risk, thus threatening the mother and fetus during birth. Therefore, there is a patient educational need to improve understanding of the condition and promote its management to prevent related birth complications. Addressing the need is essential

in preventing these complications, reducing related healthcare costs, and improving quality related to reproductive health. Cadotte et al. (2019) also note that improved knowledge of gestational hypertension helps prevent preeclampsia and other related risks, thus the need's urgency. The needs analysis assumes the target setting can provide education to all diagnosed patients during routine OB clinics.

Population and Setting

The target population for this project entails pregnant women with and at risk of GHTN. Women at risk of gestational hypertension include women below 20 and above age 40, women with a history of GHTN or preeclampsia, who have diabetes, or who have an immune system disorder (Liu & Meng, 2022). Addressing the needs of this population is vital since they are mostly affected by the condition. If not addressed, the adverse effects of the condition would lead to issues such as preeclampsia, death of the baby or mother during birth, low birth weight, and increased risk of hypertension in the future.

First Choice Women's Clinic is the target setting. The clinic provides specialized women's health services related to obstetrics, gynecology, prenatal and antenatal care, delivery, postpartum, and other related services. Focusing on this setting is crucial since it has an increased rate of gestational hypertension cases and related complications.

Intervention Overview

The intervention that would perfectly address the needs of the target population and setting is the introduction of a gestational hypertension-focused patient education program. The patient educational intervention is the most appropriate intervention for the target population and setting in addressing GHTN needs. According to Kuklina (2020), patient education has tested effective in improving knowledge and medication adherence to GHTN, thus reducing related

complications and improving patient outcomes. Additionally, it improved management and lifestyle modifications for diagnosed patients. However, the challenges that might be encountered while implementing the intervention in the target population and setting include resource constraints, lack of patients' readiness to learn, and inadequate skills to provide the needed education.

Comparison of Approaches

An alternative to patient education in addressing the needs of the target population and setting is health promotion. Health promotion aimed at awareness creation on GHTN would also increase knowledge and medication adherence among diagnosed women, thus empowering them to seek the necessary help to avoid complications. However, the intervention may be less effective than patient education since women may take it less seriously. Although both interventions likely address the need appropriately, patient education may require more resources due to personalized interactions. However, it is more likely to produce better results compared to health promotion.

Initial Outcome Draft

The desired outcome of implementing the specialized health/patient education intervention is reducing the GHTN-related complication cases reported during delivery in the institution. Increased knowledge and awareness of the condition, leading to reduced complications and proper management, will improve the patient's quality of life. Additionally, the health and wellness of the mother and child will generally improve. The evaluation criteria for the outcome is the number of GHTN-related birth complications reported in the institution. The project's purpose will be said to have been accomplished with a reduction in the reported GHTN-related complications.

Time Estimate

The development and implementation of the intervention to address the need is expected to take approximately 12 weeks. The health educational tool will be created and delivered to the patients in this timeframe. However, the uncertainties that would affect the timeframe mandating adjustments include delays in institutional approvals, inadequate support, and having more diagnosed and at-risk patients than expected, thus the inability to educate all of them.

Literature Review

Gestational hypertension is regarded as a global health concern and one of the significant issues in reproductive health and antenatal care. A study by Liu et al. (2021) shows that GHTN is one of the most serious conditions in pregnancy since it poses adverse health risks to the mother and the fetus. It leads to pregnancy complications, contributing to adverse neonatal, fetal, and maternal outcomes. The condition occurs in about 3%- 8% of pregnancies, with some women being at an increased risk of the condition than others (Laine et al., 2019). In addition, the prevalence and incidence of GHTN are higher in twin than in single-baby pregnancies. Laine et al. (2019) note that gestational hypertension prevalence in single and twin pregnancies is 3.4% and 11.8%, respectively. Thus, mothers expecting more than one baby are one of the at-risk groups concerning GHTN.

Despite being a global menace, the gestational hypertension burden is disproportionate across different healthcare institutions. According to Nobiap et al. (2019), low and middle-income nations report higher cases of gestational hypertension than high-income nations. However, the condition is still one of the leading causes of maternal-infant morbidity and mortality globally. The healthcare system also feels the burden of the condition since related complications and issues lead to increased costs and poor care outcomes. Nobiap et al. (2019)

note that in low-resource healthcare settings and systems, hypertensive disorders in pregnancy significantly contribute to maternal and perinatal morbidity and mortality.

Gestational hypertension has different effects on the mother and the child. According to Williams et al. (2023), GHTN makes the mother prone to cardiovascular disease. More so, women who have experienced gestational hypertension are found to be at an increased risk for hypertension later in life. The condition also increases the risk of preeclampsia and low birth weight. Antwi et al. (2020) note that preeclampsia is a condition whereby a patient with gestational hypertension has 300mg or more proteinuria in a 24-hr urine sample or spot urine/creatinine ratio of 30mg/mml. There are two types of preeclampsia: early-onset and late-onset preeclampsia. The former leads to premature delivery before 34 weeks of gestation, while the latter occurs with delivery after 34 weeks (Antwi et al., 2020).

Furthermore, GHTN is associated with adverse fetal problems. According to de Moura et al. (2021), fetal issues caused by gestational hypertension include stillbirth, intrauterine growth restrictions, and poor fetal development. The condition is more severe in mothers expecting more than one baby, with the potential to cause seizures or death. The condition also harms the brain, placenta, kidneys, and the liver. Other effects include low birth weight, induction before full-term fetal development, and premature birth (de Moura et al., 2021). Studies show that most women are unaware of the condition, and its management has a knowledge deficiency (Leffert et al., 2021). Thus the research evidence validates gestational hypertension as a need that requires attention.

Literature also supports the appropriateness of addressing the need among diagnosed and at-risk patients in reproductive health clinics. Toloza et al. (2022) show that addressing gestational hypertension among patients at increased risk helps prevent complications and other

related issues. The target population in this project includes women at risk of gestational hypertension. In addition, the healthcare setting of the focus is a women's only clinic offering antenatal, prenatal, obstetric, delivery, postpartum, and other reproductive health-related care services. Therefore, the setting is appropriate for reaching at-risk patients.

Some of the risks of GHTN include thyroid function abnormalities and increasing risk for preeclampsia (Tolosa et al., 2022). Nobles et al. (2020) also note that women under 20 years and above 40 are at an increased risk of gestational hypertension. Other risk factors include women with a history of preeclampsia in past pregnancies, a family history of gestational hypertension, having diabetes/gestational diabetes, kidney disease, or having a twin pregnancy (Nobles et al., 2020). Efforts to address the GHTN need among at-risk women help prevent related complications and related fetal and maternal morbidity and mortality. More so, studies show that patient education in antenatal care improves gestational hypertension management (Walle & Azage, 2019). Thus, research supports addressing the need in the target setting and population.

The review of the literature above is relevant, trustworthy, and adequate. The studies reviewed are current and from reputable journals. In addition, all studies focused on GHTN, providing the incidence, prevalence, effects, risk factors, and appropriateness of patient education in addressing the needs of the target population and setting. Most studies are randomized controlled trials and systematic reviews, thus the recommended evidence levels. The greatest challenge encountered was inadequate studies focusing on gestational hypertension alone since most studies also include preeclampsia and gestational diabetes. Thus, the magnitude of the GHTN may not have been articulated as expected due to gaps in the literature.

Literature Synthesis on Healthcare Policy and Technology's Impact on Addressing the Education Need on Gestational Hypertension in the Target Population and Setting

Healthcare interventions are expected to align with the current relevant policies.

Healthcare policies aimed at addressing the healthcare needs of the pregnant women population include the Affordable Care Act (ACA). According to Leffert et al. (2021), the ACA mandates covering maternity care entail labor and delivery, prenatal and postnatal, inpatient hospitalization, C-section delivery, pregnancy complications, and medically necessary termination expenses. Berglas et al. (2019) also note that patient education is part of pre and post-delivery care. Therefore, specialized patient education on GHTN is a need and right for diagnosed and at-risk patients. Other healthcare policies impacting gestational hypertension include nutrition policies that promote social needs and protect pregnant women (Berglas et al., 2019).

Healthcare technology policies also impact the approach to addressing the needs of the target setting and population. Policies affecting patient education using technology include electronic health information protection policies such as HIPAA (Sebenkov et al., 2020), which affects how healthcare providers and patients interact (Kuwabara et al., 2020). Additionally, technology policies dictate the type of technology used in patient education, depending on specific patients' learning needs. The program might also employ digital health applications such as wearable sensors for measuring high blood pressure, thus the need to adhere to healthcare technology policies. Runkule et al. (2019) note that patient education interventions should also consider institutional policies. In this case, the institutional policy on patient education mandates assessing patients' learning needs, thus using appropriate approaches to enhance education effectiveness. However, the literature analysis notes that there are no healthcare policies related to gestational hypertension only. The available healthcare and technology policies are

generalized. Developing specialized policies, such as policies regulating maternal care for high-risk patients, would help reduce maternal health disparities and inequities.

Intervention Plan

Intervention Plan Components

An intervention plan outlines the blueprint to ensure that a project intervention incorporates all the relevant considerations and that essential details are not left out during implementation. The intervention in this project is a patient educational program focusing on gestational hypertension, which will be presented to women at risk and those diagnosed with GHTN. The primary components of the intervention are goal setting and determining the objectives, strategy identification, setting a realistic timeline, and devising a way to monitor and evaluate the intervention's progress. The intervention aims to improve GHTN knowledge for diagnosed and at-risk patients, reducing the condition's adverse effects.

The goal was set after realizing an increased rate of GHTN-related complications following poor management of the condition. Therefore, there was a need to address the issue to improve patient outcomes and care quality and prevent related complications. Furthermore, 13% of women in the target setting have been diagnosed with GHTN. However, there are no specialized education tools for the condition since CNMs in OB clinics generalize and provide patient education. The goal will be met by introducing a preeclampsia "signs and symptoms" educational tool. The tool is simple for comprehension and, thus, appropriate for patients with different learning needs and health literacy levels. The tool aims to improve patients' knowledge of their condition and reinforce new information using the teach-back method. The education will mainly be delivered during OB visits.

Other intervention objectives include better adherence to lifestyle modifications for managing high blood pressure among GHTN patients during gestation and postpartum. Appropriate GHTN management will lead to a reduction in the related complications reported in the institution. Studies show that patients who have received patient education manage GHTN better, thus preventing complications (Kuklina, 2020). The set timeline for the development and implementation of the intervention is 12 weeks. The timeframe was set following the variations in the start of prenatal care and the length of gestation and delivery. Therefore, the timeline is appropriate for involving different patient groups in the intervention. The progress monitoring criteria entails the number of women in the program. In addition, the successful implementation of the intervention will be evaluated using the patients' self-reported confidence levels in managing GHTN and the number of GHTN-related complications reported in the institution before and after the implementation.

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

The cultural needs and characteristics of health populations and healthcare settings differ from one population/healthcare setting to another. Walters et al. (2020) note that considering cultural needs and the population's characteristics is vital in promoting intervention acceptance and minimizing potential resistance since the intervention is culturally sensitive. Thus, the intervention plan design should consider the population and setting needs to ensure the population embraces and accepts the intervention. As mentioned earlier, the target population in this project entails the women at risk of GHTN and those who have already been diagnosed with the condition. The group entails women from different cultural backgrounds and age groups. Thus, their characteristics and cultural needs are different. For example, women above 40 and

below 20 have different cultural needs and characteristics. The ones above 40 may need respect and active involvement in the education program. More so, the preferred language preferences for the two may be different.

Due to the differences in characteristics and cultural needs, developing the intervention plan design components was significantly impacted. For example, age differences mandated that patients be divided into groups based on age to ensure that each patient's needs were met. The estimated timeline for the project intervention implementation also had to be revisited, thus ensuring the health education tool can be delivered using different languages and considering different cultural needs and preferences. These considerations assume the groups can be divided manageably without missing out on specific cultural needs.

Theoretical Nursing Models, Strategies from Other Disciplines, and Healthcare Technologies Relevant to the Intervention Plan

The Health Belief Model (HBM) is one of the nursing models supporting the intervention. According to Azadi et al. (2021), the HBM stipulates that patients are more likely to take preventive measures when they perceive they are susceptible to a condition and also perceive the condition as serious. The patient education intervention aims at increasing awareness of the condition, its management, and related complications. Increased awareness will raise the patient's perception of their risk in relation to the condition and their susceptibility to the condition. Therefore, the patients will consequently undertake preventive measures to prevent GHTN-related complications. The theory's strength is that the patients within the target population are more likely to join the program, considering some have been diagnosed already and, therefore, perceive themselves as susceptible to complications. However, not all at-risk women would perceive the condition as serious and thus may be hesitant to join the program.

Furthermore, adult learning strategies borrowed from the education discipline will be incorporated into the intervention. Studies show that adult learning is different; thus, patient education focusing on adults should be tailored to meet the adults' needs and preferences (Mkhalalati & Taylor, 2019). In this program, the patient education tool will employ adult learning strategies such as keeping lessons short and relevant, taking feedback, using illustrations using examples, and using real-life experiences. Additionally, the intervention will incorporate relevant healthcare technology, which includes mobile health platforms, videoconferencing, and simulations. Healthcare technology will likely enhance the intervention's success since education can be offered to more patients, even remotely, attract young women, and save time and resources. However, healthcare technology use might be resource-intensive due to technological requirements like the Internet.

Intervention Plan Components Justification

Research shows that patient education is one of the best practices for preventing GHTN and related complications, especially for at-risk and diagnosed patients (Rabi et al., 2020). In addition, the 12-week timeline is appropriate for the intervention, considering the variances in gestational length period and the start of prenatal care for different patients. More so, Mkhalalati and Taylor (2019) note that adult learners require more learning time than young learners, thus the appropriateness of the timeframe. The intervention will be further evaluated using the number of women attending the program. However, conflicting evidence from Pederson et al. (2019) shows that patient educational content outcomes are more effective in evaluating the project's effectiveness.

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

The stakeholders, relevant policies, and regulations significantly impact the intervention plan design. The stakeholders that influence the intervention include the patients and their families, physicians, nurses, institutional leaders, and community health workers. These stakeholder groups have different needs and priorities. The patient's and their family's needs will inform the development of the educational content to ensure that all needs are considered. The healthcare provider stakeholder groups' needs include adherence to institutional rules, which will guide the development and implementation of the intervention.

The healthcare institutional policies regarding patient education and how it should be conducted will also impact the intervention. For instance, the clinic dictates the patient's education methods, strategies, and timeframe. It is also responsible for providing funds and overseeing individualizing patient care services. Therefore, the intervention has to be developed per the institutional policy on patient education specifications. According to Taylor (2019), healthcare projects should be developed per an institution's and governmental policies. The policies and regulations also influence the methods used to deliver patient education. For instance, the clinic requires patients to be assessed on their health literacy levels prior to personalizing patient education content, thus ensuring that the content is customized based on the patient's learning needs and health literacy levels.

Ethical and Legal Issues and Their Implications to the Intervention Plan

The ethical and legal issues concerning patient education will influence the intervention plan and design. Ethical issues related to patient education include cultural sensitivity and health literacy. Assessing the health literacy level of a patient is an ethical consideration that ensures the patient is taught at the individual literacy level. More so, it is vital to consider cultural needs and preferences. While considering health literacy and cultural sensitivity, the intervention timeline

and educational delivery methods can be revisited to ensure they suit health literacy and cultural needs. Dividing patients into groups based on cultural needs would need additional time.

One of the legal issues, in this case, is medical malpractice. According to Kaplan (2020), healthcare providers may face medical malpractice claims if they provide inaccurate or wrong information in patient education, leading to adverse effects on the patients. Thus, care providers are expected to verify patient educational content with the specialists, ensuring it is accurate before teaching patients. A knowledge deficit in patient education focusing on GHTN exists, considering most interventions are generalized to prenatal patient education. Hence, further information on the same would improve the intervention plan.

Implementation Plan Design

Management and Leadership Strategies

Successful intervention implementation requires applying different leadership and management strategies to guide professional nursing practices and enhance Interprofessional collaboration. According to Folkman et al. (2019), Interprofessional collaboration promotes teamwork among members of different professions, thus enhancing project success. The proposed leadership and management strategies aim to implement professional nursing practices and ensure interprofessional collaboration through shared decision-making, power and task delegation, effective communication, and vision/goal clarity.

Although the Interprofessional team entails members of different disciplines, they must have a common action plan, thus mandating shared decision-making. The strategy promotes active participation from different team members, as they feel they play a significant role in the project. Keshmiri et al. (2022) note that shared decision-making in healthcare interventions strengthens the decisions since different perspectives are considered. Power and task delegation

among team members promote their confidence in participation (Folkman et al., 2019). The target setting's Interprofessional team entails certified Nurse Midwives (CNM) and Licensed Vocational Nurses (LNS); thus, collaboration is needed to create a trusted environment.

Effective communication is also vital in ensuring Interprofessional collaboration and professional nursing practices. The project implementation will encourage two-way communication between the leaders and the project team, thus easing teamwork. Effective communication helps develop trust, prevent miscommunications, and encourages clarifications and feedback, which leads to project success. Additionally, defining and communicating the goals and objectives is essential to help members work together to achieve them.

Furthermore, the management strategies proposed to enhance interprofessional collaboration include developing a conflict resolution mechanism, having shared values/respecting each other, and utilizing team members' capabilities. Since conflicts are common in teams with different professionals, developing a common conflict resolution mechanism is vital. Appropriate conflict resolution helps manage Interprofessional collaboration (Vaseghi et al., 2022). It is also important to have shared values and cultivate respect for each team member, hence promoting cohesion while working together. Utilizing members, capabilities in the intervention promotes goal and objective achievement while maximizing performance. However, Vaseghi et al. (2022) note that alternative perspectives in leadership and management to promote Interprofessional collaboration include servant leadership, whereby the leader empowers team members to achieve personal and team goals.

Change Implications Associated with the Proposed Strategies

The proposed leadership and management strategies aim to lead change that will improve care quality and experiences while reducing costs. Clear goal setting, shared decision-making,

and effective communication will enhance interdisciplinary collaboration, empowering the team to work together towards achieving the GHTN need in the target population and setting. For example, shared decision-making between the LVN and CNM will lead the team towards developing specialized patient education tools that incorporate various perspectives, hence bracing it to improve care quality and experience.

Furthermore, management strategies such as a conflict resolution approach, respect, and shared values will transform care delivery services in the team. Ohta et al. (2019) note that disrespect and unmanaged conflicts restrict Interprofessional collaboration, contributing to care delivery inefficiencies like miscommunication and effort duplication. However, the proposed strategies will promote collaboration and enhance care quality and efficiency, thus improving the patient care experience.

Research shows that GHTN increases healthcare costs due to related hospitalizations and complications (Hersh et al., 2022). At the target setting, 84% of the women have health insurance coverage limited to 13 prenatal clinics per pregnancy. Thus, miscommunications and poor collaboration significantly impact available patient assessment and education opportunities. Since the proposed strategies will improve knowledge and GHTN management, leading to reduced complications, they will reduce costs for the institution and the individuals. However, it is uncertain whether specialized GHTN patient education will improve care quality, experience, and costs since it is unclear whether the desired outcomes impacting these factors will be met.

Appropriate Delivery Methods in Implementing the Intervention to Improve Project Quality

The selected patient education delivery method significantly impacts the outcomes and the success of the intervention in the target population (Stellefson et al., 2020). It is worth noting

that the selected delivery method depends on the intervention, nature, target population, and characteristics. The appropriate patient education delivery methods in this health education tool include in-person teaching, group lectures, online workshops, discussions, and handouts. Considering that the target population entails a mixture of women from diverse cultural backgrounds and ages, it is crucial to have multiple delivery methods that suit each population member.

Older women in the group may not embrace online patient education like younger ones. They may prefer print handouts and in-person teaching. Print handouts will also help reach at-risk women who cannot attend online or in-person teaching sessions. In addition, the group method will enhance patient interaction, enabling them to learn from each other. These methods aim to improve the project's quality since they are appropriate for the target population characteristics. The methods were proposed based on the assumption that the required materials to facilitate GHTN education are available and accessible to the project implementers.

Current and Emerging Technological Options Related to the Proposed Delivery Methods

Technology enhances patient education delivery methods for better success. In this case, the current and emerging technological options relevant to the intervention delivery methods include telehealth, videoconferencing, and virtual reality teaching/simulations. These options simplify the content and enhance the target population's understanding. In addition, they can provide real-life examples that the patients can easily relate to, thus encouraging even young women, who are also at an increased risk of GHTN. Telehealth and videoconferencing will also help reach patients who cannot attend physical sessions remotely, thus increasing the target population. Mobile health applications will also remotely promote the delivery of health educational tools, thus enhancing project success and contributing to positive outcomes. Despite

the projected advantages, further information on the appropriateness of specific technological options and the ability to participate in sessions through them would improve the analysis.

Stakeholders, Regulatory Implications, and Potential Support Impacting the Intervention's Implementation

Stakeholders, regulations, and potential support are vital considerations in an intervention's implementation. As mentioned earlier, the relevant stakeholders in this project entail the institutional leaders, the LVN, CNM, other nurses, midwives, patients, and their families. It is essential to engage all the stakeholders in the implementation. Stakeholder engagement involves understanding different stakeholders' roles, priorities, and needs and considering them in the implementation (Nagraj et al., 2019). Thus, active stakeholder involvement will promote successful intervention implementation.

Furthermore, regulatory implications through institutional and governmental regulations concerning patient education would support or limit the project implementation. For instance, if an institution does not support a certain delivery method, it would have to be dropped, and the acceptable ones used. Potential support from the institution's leaders, including acceptance, funding, and overseeing the project, would promote successful intervention implementation. More so, lacking this support would limit the intervention's implementation or even lead to its termination. The analysis assumes that the stakeholders are ready to participate, the regulatory requirements are known to the project team, and the institution will provide the necessary support and buy-in.

Existing/New Policy Considerations

First Choice Women Clinic has a policy supporting all health promotion and education interventions. Since the proposed patient education intervention aims at improving patient care

outcomes, care quality, experience, and cost containment, it is fully supported by the policy. GHTN-related complications measure care quality; thus, reducing them will improve the quality of care and the institution's reputation. The institution will also employ the Healthy People 2030 objectives to develop patient education priorities regarding GHTN. These objectives include using data from the Healthy People 2030 initiative to monitor progress and benchmark outcomes.

Proposed Implementation Timeline

The proposed timeline for implementing the intervention is twelve weeks. A twelve-week time frame is appropriate for the intervention since it is adequate to carry out all the activities related to the intervention, including obtaining and adopting the new educational content and its delivery. The education tool can be requested from the Centers for Disease Control and Prevention (CDC) and American College of Obstetricians and Gynecologists (ACOG) websites by providing the health clinic's information. The factors that would force timeline revision and delay may include the delivery and distribution of the education tool and the time required to disseminate the new information.

Evaluation Plan

Outcomes that are the Goal of the Intervention Plan

The overall expected outcome of the intervention is improving knowledge on the management of GHTN during the gestational period and postpartum, thus reducing GHTN-related complications reported in the target setting. Another outcome is reducing the number of GHTN cases diagnosed among at-risk women in the target population and setting. Appropriate GHTN management will reduce related birth complications among diagnosed patients, thus improving their life quality during pregnancy and postpartum. The identified outcomes will also enhance patient safety, experience, and satisfaction following reduced complications.

However, the alternative outcomes from the health education tool include reducing GHTN-related anxiety and enhancing treatment adherence. Treatment adherence is likely to reduce GHTN-related adverse maternal and neonatal outcomes. Patients may find it challenging to adhere to treatment, especially with deficient knowledge. Reducing GHTN-related anxiety will improve life quality and pregnancy outcomes despite being a challenging outcome to evaluate.

Evaluation Plan

An intervention's outcome is evaluated by determining the degree to which its outcomes were met. The reported GHTN cases at the clinic before and after the intervention will be compared. Furthermore, the Patient Knowledge Survey will assess the patients' confidence and understanding of GHTN. The survey comprises three questions rated on a scale of 0 to 5: (1) Their confidence in following the healthcare provider's management advice; (2) Their confidence in understanding the condition; (3) Their confidence in the ability to manage the condition. The data needed for a comprehensive intervention evaluation consists of reports on complications and responses to the patient questionnaire. The data collection and evaluation technology includes electronic health records documenting reported GHTN complications.

The information gathered from the pre-and post-intervention survey questionnaires will be analyzed using an unpaired t-test, with statistical significance set at $p < 0.05$. As a result, the evaluation strategy will showcase changes in patient confidence and their reported aptitude for effectively managing GHTN after implementing the patient education tool. Additionally, the strategy will ascertain whether any changes occurred in the frequency of reported complications related to GHTN at the clinic; a decrease in the cases would indicate a positive impact of the intervention. The evaluation plan assumes that patients will willingly participate in pre- and post-

intervention surveys. Moreover, records pertaining to reported gestational hypertension-related complications are expected to be readily available.

Discussion and Reflection

Advocacy

Advocacy in Nursing is an ethical and professional obligation. Nurses must voice their patients' needs, priorities, preferences, and best interests to the interdisciplinary team and other healthcare entities. Abbasinia et al. (2020) note that nurses are best suited to advocate for patient needs, ensuring they get quality care services. Nurses lead and participate in change initiatives to improve care quality and experiences. They also work with other healthcare providers to liaise with policymakers regarding policy development and changes to improve patient care.

According to Kalaitzidiz and Jewell (2020), nurses are the closest healthcare providers to patients. Thus, they have a deeper understanding of their needs and are best suited to advocate on their behalf. More so, nurses have been trained in healthcare policy and advocacy and thus have the bargaining power to push for advocacy initiatives. They also have appropriate knowledge and skills to propose solutions for policy issues affecting various patient populations. The analysis assumes that nurses in the organization have the necessary support and platforms to exercise their advocacy skills.

The Intervention Plan's Effect on Nursing, Interprofessional Collaboration, and How the Healthcare Field Gains from the Plan

The proposed GHTN-focuses patient education tool will impact the nursing profession and Interprofessional collaboration. Nursing will benefit from the intervention plan since it will put more emphasis on nurses' role in patient education among at-risk patients. For the target setting, implementing the intervention will contribute to long and short-term desirable maternal

and neonatal outcomes. Studies show that patient education focusing on GHTN increases patient outcomes by reducing GHTN-related birth complications (Nobles et al., 2020). Since nursing aims to achieve optimum patient outcomes, the intervention plan will promote patient education's role in achieving these outcomes.

The intervention will also enhance interprofessional collaboration to reduce GHTN-related complications. The Interprofessional team will work together to customize the educational tool while incorporating different insights to strengthen the Interprofessional interaction further. Moreover, the healthcare field will gain from the plan by increasing the intervention's effectiveness reports, thus making it a best practice in preventing GHTN-related complications. It might also pave the way for similar interventions' development and testing of effectiveness in different settings, conditions, and health populations. However, additional information on the patient's readiness to embrace the tool would improve the understanding of the intervention plan.

Future Steps: Current Project Improvement

The current project intervention can be improved to impact a greater population, utilize emerging technology and care models, and improve care outcomes and patient safety. The tool can be provided to women who shy away from antenatal care and may be at risk of GHTN. Research shows that many women are at risk of GHTN but are unaware (Nobles et al., 2019). Therefore, focusing on women who are not seeking antenatal care would impact the population more. Using current and emerging healthcare technology in the intervention would improve project success and promote achieving the expected outcomes. In addition, further evaluation of First Choice Women's Clinic patients' readiness and ability to use the health education tool would further improve the project intervention. The underlying assumptions for these

improvements include that the GHTN patients comply with the tool, nurses are available to offer further direction and patient education, and the technological modalities are available for use.

Reflection on Leading Change and Improvement

Completing this project has significantly influenced my capacity to drive change within my personal practices and future leadership roles. First, I have increased my confidence in executing interventions to enhance patient outcomes and promote the quality of care and patient safety based on thorough patient needs assessment. Collaborating with the Interprofessional team has allowed me to refine my abilities in effective communication, task allocation, and garnering support and approval from institutional leaders. Moreover, I have come to recognize the potency of collaborative efforts in ensuring the success of patient care initiatives. The knowledge acquired through this project will serve as a valuable asset as I lead change interventions in the future. In my pursuits of professional growth, I am dedicated to further honing my interpersonal proficiencies and my grasp of change management principles.

Reflection on Implementation into Personal Practice

I intend to transfer the knowledge and skills gained in completing the intervention plan design, implementation, and evaluation plans completed above to leading quality improvement in other healthcare contexts. For instance, I can interpret the same plan to improve patient falls among hospitalized or community-dwelling patients. I can develop a similar health education tool to educate patients on the precautionary measures to prevent falls. However, alternative perspectives on patient falls would include patient environmental modification measures, considering it would focus on making the institution safe from patient falls. I have learned to compare interventions and their alternatives, thus deciding on the best intervention for addressing a particular need.

Conclusion

Gestational hypertension is a severe pregnancy-induced concern affecting the target population and setting. The patient health educational tool explored above will be implemented to improve GHTN management, prevent related complications, improve life quality, and, consequently, improve maternal and neonatal outcomes. The different considerations influencing the intervention plan, implementation, and evaluation have been explored above. A reflection on lessons learned from completing the capstone has been provided. Overall, the project has improved my knowledge, skills, and competence in leading similar interventions in the future.

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