

## Chapter 5

# CHRONIC HEART FAILURE AND PATIENT EDUCATION

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### Introduction

Patient education includes bringing the patient in a new behavior, accommodating the patient to use the acquired knowledge, and encouraging the patient to comply to his/her own treatment regime.(Smeltzer et al., 2010) Patient education, which nowadays is considered as a solution on all incidents and problems about health, has an important key role in improving health. Besides, how different patient education is defined, all definitions rely on a common point which focuses on change in behavior and aims bringing the patient in a behavior about health. Basic objectives of patient education are generating living healthy and sanitation habits in order for the patients to recover back their health, solving health problems, participating to health services and defending the patients' rights (Özden, 2014).

Patient education is a part of educator role among nursing roles. Patient education aims to protect the patient from complications, to make the patient self sufficient in his/her life, cope with the disease, accommodate to disease, to improve the patient's ability to make decisions about his/her health care, to motivate the patient about his/her self care, to bring patient in new behavioral changes to improve his/her health .(Avşar & Kaşıkçı, 2011) Besides, satisfaction of patient receiving health education is a sign to distinguish high quality care.(Avşar & Kaşıkçı, 2009) Nurse is the personnel who is in constant interaction with the patient and his/her relatives. Patient education helps patient and relatives to actively participate in education process, hence teach them to cope with the disease.(Kaya, 2009) Patient education is thought to be a key in improving the patient's adaptation, satisfaction level, health quality, autonomy and self care strengths, and in decreasing cost, morbidity and mortality. Self care behaviors in heart failure are adaptation to treatment, diet, exercise, weight monitoring, recognizing and managing the symptoms.(Dickstein et al., 2008; Yancy et al., 2013) Patients with heart failure may need the support of nurses to cope with their disease, to improve thier self care and to change their life style. A multidisciplinary approach specialized in HF must be applied in order to provide such support (Lainscak et al., 2011), hence nurses must have high awareness about the situations affecting patients' self care.

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time interval about the care that will be given at home, so that re-hospitalization of the discharged patient is prevented. Life quality and functional status of patients can be significantly improved by patient education. Patient Rights Declaration of American Hospital Association states that patients have the right to receive information on their treatment and progress on a level they can understand. Responsibility of patient education is given to health professionals, especially nurses, all around the world. Nursing care in HF must plan education programs that also include the families. Education programs can change life style of patients and their families. It is important for the patient and family to apply the life style regulations for a long time. Life style regulations include diet, exercise, effective drug use, symptom control, quitting smoking and alcohol, daily weight monitoring. Not knowing how to manage HF enliven the symptoms, lowers life quality, and increases repetitive hospitalization and economical burden. This, in turn, supports the necessity for the patients to receive patient education.

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