Select one of the following options for your initial discussion post.

Using the two research studies you appraised in NR715 and the one randomized control or quasi-experimental study you identified in Week 1 for the selected practice problem, write one paragraph where you apply the concepts of a synthesis. Using these three research studies and three non-research evidence sources, write sentences where you apply the concepts of synthesizing across research and non-research evidence in the same sentence.

Option 1: Use a synthesis of research study evidence and non-research evidence to write an introduction to your practice problem: Requirements include that you introduce the practice problem using a synthesis of research and non-research evidence and introduce an evidence-based intervention using research evidence | On paragraph

Option 2: Use a synthesis of research evidence and non-research evidence to write an analysis of the practice problem that include the significance, prevalence,
mortality, and economic ramifications of the problem at the national level | one paragraph.

Please click on the following link to review the DNP Discussion Guidelines on the Students Resources Centre program page:

Answer:
Chronic heart failure is a progressive illness with recurring exacerbations, vagueness in the illness pathway, and an extraordinary symptom burden that can lead to frequent interruptions in the quality of life (Im et al., 2019). 6.7 million Americans greater than twenty years old have heart failure, and prevalence is expected to rise to 8.5 million Americans by 2030 (Centers for Disease Control and Prevention, 2023). The incidence of heart failure ranges widely from 1 to 9 cases per 1000 person-years with an incidence and known stability in patients 55 years old or less and 85 years old or greater (Groenewegen et al., 2020). Ongoing social support from providers would buffer patients' stress and promote treatment adherence and a healthy lifestyle to preserve quality of life. The occurrence of obesity, smoking, diabetes, hypertension, and coronary disease are modifiable risk factors. Prevention is the most effective strategy for avoiding mortality and morbidity from heart failure. Several research studies have been conducted to preserve the quality of life in patients with heart failure. The central theme is the challenges that arise from patient self-management of heart failure and poor support from providers (Mohammadi et al., 2021; Pereira Sousa et al.,2021; Wali et al., 2020). A commonality identified within all three studies showed improvement in patient self-care management through daily weight and restricting fluid intake, willingness to utilize technology as an educational program with a patient teach-back method, and provision of support from providers (Mohammadi et al., 2021; Pereira Sousa et al.,2021; Wali et al., 2020). Poor self-care management with a lack of patient support from providers is standard among heart failure patients; therefore, the initiation of support and ongoing education is significant after discharge (Mohammadi et al., 2021; Pereira Sousa et al.,2021; Wali et al., 2020). Mohammadi et al. (2021) discuss the benefit of providing support to patients from a web-based standpoint by educating and allowing them to voice understanding through the teach-back method. Pereira et al. (2021) tested the impact of long-term education through a program led by nurses to support patients by self-recording daily weights and reducing fluid retention by restricting the intake of fluids. Wali et al. (2020) discussed the challenges that the elderly face from heart failure and