

Organizational Needs Assessment: Reducing Incidences of Uncontrolled Hypertension



Chamberlain University College of Nursing

Week 2 Assignment: Organizational Needs Assessment

NR 711



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My proposed practice change project aims to determine the extent to which implementing a healthy eating plan comprising the Dietary Approaches to Stop Hypertension (DASH) diet will reduce incidences of uncontrolled hypertension among patients diagnosed with high blood pressure and under medication. Uncontrolled hypertension is a primary health concern and a significant risk factor for cardiovascular diseases (CVDs), the leading cause of disability and mortality globally (Kifle et al., 2022). An estimated 1.28 billion individuals have hypertension worldwide, with only 42% diagnosed and treated (World Health Organization [WHO], 2023). In addition, cardiovascular-related complications due to hypertension account for about 9.4 million deaths annually (Kifle et al., 2022). Diverse studies also indicate that the occurrence of uncontrolled hypertension is mainly attributed to risk factors, such as high body mass index (BMI), sedentary lifestyle, elevated serum cholesterol levels, and non-adherence to hypertension medications (Goorani et al., 2024; Kapoor et al., 2021; Richardson et al., 2024). Therefore, uncontrolled hypertension necessitates urgent intervention because the disease risk factors increase the occurrence of comorbidities such as CVD, diabetes, and chronic kidney disease (CKD), which affect individuals' health, well-being, and productivity (Farhadi et al., 2023). This assignment aims to conduct an organizational needs assessment by identifying a significant practice problem and the necessity for project implementation. The paper includes practice problem identification, stakeholder analysis, a gap analysis table, and a conclusion.

Identification of the Practice Problem

The practice issue identified is increasing incidences of uncontrolled hypertension among individuals diagnosed with high BP and already on hypertensive medications. The issue is of significant concern because hypertension is one of the leading contributors to the global burden

of non-communicable diseases (NCDs) and premature deaths (Farhadi et al., 2023).

Approximately 1.28 billion individuals aged between 30 and 79 have high BP globally (Farhadi et al., 2023; WHO, 2023). Among those with the disease, 79% (4 in 5 adults) have uncontrolled cases (WHO, 2023). The prevalence of hypertension is similarly high in the United States (US), with an estimated 120 million adults diagnosed with the condition and 92.9 million with uncontrolled cases (Richardson et al., 2024). Hypertension is attributable to various factors, such as low medication adherence, obesity, poor diet, and physical inactivity (Kapoor et al., 2021). The disease risk factors consistently increase systolic BP > 140 mmHg and/or diastolic BP ≥ 90 mmHg, causing uncontrolled high BP. Uncontrolled hypertension is associated with adverse outcomes like high risk for comorbidities (CVD, CKD, and diabetes), increased health costs, and low well-being and productivity (Farhadi et al., 2023).

Determining the Need for Addressing the Practice Problem

The continued prevalence of uncontrolled hypertension and the associated adverse impacts, despite the current practices for managing the disease, show the need for identifying alternative interventions to address the issue. Current practices for treating and managing high BP in the US mainly entail lifestyle modifications and using medications like beta-blockers, diuretics, and Angiotensin-converting enzyme (ACE) inhibitors (Khalil & Zeltser, 2023). Despite the practices, uncontrolled hypertension remains the leading cause of global mortality, mainly due to inadequate management of the disease's modifiable risk factors like unhealthy diets (WHO, 2023). Therefore, the need for addressing high incidences of uncontrolled hypertension using the DASH diet was determined by the identified gap involving inadequate management of the disease-modifiable risk factors through dietary changes.