





Learning Needs in Heart Failure Care Across Patients, Caregivers, and Healthcare Professionals: A Scoping Review of Asian Studies

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Background: Heart failure (HF) is a significant and growing public health challenge in Asia. Effective HF management relies heavily on sustained self-care and education involving not only patients but also family caregivers and healthcare professionals. However, no previous review has systematically mapped the multidimensional learning needs of patients, family caregivers, and healthcare professionals in this region.

Purpose: This scoping review aimed to identify, categorize, and synthesize existing evidence on learning needs in HF care from the perspectives of patients, caregivers, and healthcare professionals across Asian populations.

Methods: Using the Arksey and O'Malley framework and reported in accordance with PRISMA guidelines, four databases (PubMed, Scopus, EBSCOhost, and Taylor & Francis) and the Google Scholar search engine were searched for Asian studies on August 19, 2025. Sixteen eligible studies published between 2010 and 2025 were included. Data were charted and analysed thematically to identify patterns and variations across three stakeholder perspectives.

Results: A total of 16 studies were included in this review. The thematic analysis identified three perspectives of learning needs. From the patients' perspective, the key priorities were disease knowledge, medication management, symptom recognition, lifestyle modification, and psychosocial adaptation. Caregivers' perspective emphasised practical caregiving skills, emotional resilience, and access to guidance and social support. Meanwhile, the healthcare professionals' perspective highlighted patient-centred communication, consistent educational delivery, and interprofessional coordination.

Conclusion: This review demonstrates a clear need for an integrated and culturally responsive educational framework that aligns the learning priorities of patients, caregivers, and healthcare professionals. Educational interventions should address both clinical and psychosocial dimensions of HF care. Nurses play a crucial role as key educators within multidisciplinary teams and should be empowered to facilitate coherent, continuous, and patient-centered learning across care settings.

Keywords: caregiver, education, heart failure, health professional, learning needs

Introduction

Heart failure (HF) is a global health problem with increasing prevalence and is estimated to affect more than 64 million people worldwide.¹ Based on Global Burden of Disease (GBD) data (2019), there were approximately 31.89 million cases of HF in Asia, with an age-standardised prevalence rate of 722.45 per 100,000 population.^{2,3} This prevalence exceeds that reported in Europe (606.61 per 100,000) but remains slightly lower than in the Americas (810.42 per 100,000).³ Marked regional disparities are evident across Asia, with the highest prevalence observed in East Asia (1,014.06 per 100,000) and the lowest in South Asia (389.97 per 100,000). In addition, HF contributes substantially to the global disability burden, accounting for 5.05 million years lived with disability (YLDs), with East Asia again reporting



higher rates (90.93 per 100,000) compared with South Asia (34.41 per 100,000).³ These findings underscore Asia as one of the regions bearing a substantial burden of HF worldwide.

The common causes of high mortality and morbidity rates among HF patients in Asia include poor adherence to medication and dietary recommendations, delayed recognition and response to symptoms, and insufficient knowledge and self-care skills necessary for effective disease management.³ These are known to be factors contributing to clinical decompensation in patients.⁴ The main priority in the care of patients with heart failure is early detection and symptom management, because delays in intervention can have serious consequences in the form of reduced quality of life, increased morbidity, and risk of death.⁵

The high prevalence of HF in Asia demands greater attention to long-term care aspects, including the need for patient and caregiver education, which plays a crucial role in disease management.^{6–8} Previous studies have confirmed that patients with HF require extensive knowledge, ranging from medication management, a low-salt diet, to recognising symptoms that require immediate medical attention.^{6,9} However, research in Asia still shows limitations. A study in Korea, for example, reported that patients often have low learning needs and are more dependent on medical personnel for their health management.⁶ Meanwhile, research in Jordan showed differences in educational needs priorities between patients, caregivers, and nurses, where patients placed more emphasis on dietary education, while nurses focused more on medication management and side effects.⁹ This research gap shows that, despite Asia having a high burden of HF, the literature on patient and caregiver learning needs is still very limited and needs further exploration.

A comprehensive understanding of the educational needs of heart failure patients, caregivers, and healthcare providers is vital for optimizing self-management practices and improving clinical outcomes.^{8,10,11} Learning needs refer to the identified gaps between existing and desired knowledge, skills, or attitudes required for effective professional performance. These needs are recognised through self-assessment, reflection, peer review, or performance analysis and are used to plan targeted educational interventions. Recent studies from Asia highlight both common and unique educational priorities, emphasising the importance of a culturally sensitive, patient-centred approach.^{7,9} Additionally, caregivers play a vital role in supporting self-management, but often lack adequate education about HF. Interventions targeting caregiver education have been shown to improve patient self-management and reduce readmission rates.^{10,12}

Self-management plays an essential role in supporting the success of therapy in HF patients.¹⁰ Detecting symptoms early is essential to effective self-management.¹³ In addition, other stages include monitoring changes in conditions, making decisions to act or seek help, implementing management strategies, and re-evaluating the effectiveness of interventions carried out.¹³ Effective participation in decision-making depends on patients' and caregivers' prior understanding of the illness, available therapies, and the relative benefits and risks of each option.¹⁴ Efforts to support patients through educational and learning programs have been shown to contribute to improved self-care behaviours, ranging from lifestyle modifications and responses to worsening symptoms to the management of chronic syndromes.¹⁵ Ongoing support and continuous education within the home environment are vital components of heart failure care, particularly to ensure a safe and effective transition from hospital to home.^{10,14,16}

At present, no review thoroughly summarizes and synthesizes empirical evidence on learning needs for managing heart failure from the integrated perspectives of patients, caregivers, and healthcare professionals. It is important to understand these three perspectives because the goal of education is to improve patients' health. A thorough identification of the perspectives of patients, family caregivers, and healthcare providers is anticipated to reveal existing knowledge gaps and differences in perceptions of care requirements.

The results of this review will furnish a more robust scientific foundation for the formulation of evidence-based educational interventions that are holistic, culturally pertinent to the Asian context, and centered on addressing the genuine learning requirements of individuals with heart failure. This review identifies specific educational deficiencies among patients, caregivers, and healthcare professionals, highlighting critical areas where knowledge gaps directly contribute to inadequate self-management, poor treatment adherence, and frequent hospital readmissions. Using targeted educational strategies to address these gaps, we hope to improve patient outcomes, strengthen family caregiving, and enhance the overall continuity and quality of heart failure care in Asia. This scoping review seeks to systematically delineate and integrate the educational requirements in heart failure management among patients, caregivers, and

healthcare professionals within the Asian context, recognizing that learning needs are context-dependent and multifaceted.

Materials and Methods

Study Design

This research adopted a scoping review approach in accordance with the methodological framework outlined by Arksey and O'Malley.¹⁷ This Design was considered appropriate due to the fragmented and heterogeneous nature of existing evidence on learning needs in HF management across Asian populations. In response to this gap, a scoping review was adopted to systematically map the scope and diversity of available studies, identify conceptual and methodological variations, and delineate the extent and characteristics of the current evidence base. Scoping reviews are particularly well-suited to exploratory aims, as they facilitate the identification of knowledge gaps, inform future research directions, and provide a robust foundation for the development of contextually relevant educational frameworks in HF care.

Eligibility Criteria

The selection of relevant studies for this review was conducted by three independent reviewers (FS, AN, YT) in accordance with the PRISMA statement. The development of research questions and eligibility criteria was based on the PCC framework (Table 1).

The articles included in this review were selected based on the following inclusion criteria including: (1) publications in English and Indonesia available in full text, (2) studies addressing learning needs, informational needs, or educational needs of patients, caregivers, and health professionals in the context of heart failure care, (3) research employing diverse designs, including qualitative, quantitative, or mixed-methods study, and (4) studies conducted in Asian countries to provide a comprehensive perspective. In contrast, the exclusion criteria encompassed: (1) secondary review articles, editorials, commentaries, or reports that did not present empirical data. No restrictions were placed on the year of publication to ensure the inclusion of all relevant literature.

Search Strategy

The search strategy was conducted systematically across four major databases, including PubMed, Scopus, EBSCOhost, Taylor & Francis, and the search engine: Google Scholar, to ensure comprehensive coverage of relevant studies. The search was performed on August 19, 2025, and included all articles published up to that date. The keywords used were developed using a combination of MeSH and free-text terms, such as: “congestive heart failure[MeSH Terms]” OR “heart failure[MeSH Terms]” OR “cardiac failure[MeSH Terms]” AND (“patient” OR “caregiver” OR “family caregiver” OR “family member” OR “health worker” OR “health professional”) AND (“learning need” OR “educational need[MeSH Terms]” OR “informational need” OR “knowledge need”) AND. (“heart failure management” OR “disease management”).

Table 1 PCC Framework

Variable	Description	Keywords
Population	<ul style="list-style-type: none"> Patients with heart failure Caregivers of patients with heart failure Health workers 	<ul style="list-style-type: none"> “Heart Failure” OR “Cardiac Failure” OR “Congestive Heart Failure” OR “HF” “Patient” OR “Individual” OR “Adult” “Caregiver” OR “Family caregiver” “Health worker” OR “health professional”
Concept	Learning needs/educational needs in heart failure management	“Learning need*” OR “Educational need*” OR “Information need*” OR “Knowledge need*”
Context	Heart failure care and management	“Heart failure management” OR “Heart failure care” OR “Disease management”

In addition to the electronic search, manual hand-searching was performed by screening the reference lists of relevant articles, reviewing major cardiology and nursing journals, and examining conference proceedings within the Asian region. This complementary step aimed to identify additional studies that may not have been captured through database searches.

Study Selection

The study selection process was carried out independently by three reviewers (FS, AN, YT) following the PRISMA framework. Initially, all identified records from selected databases and additional sources were imported into a reference management software, where automatic and manual procedures were used to detect and remove duplicate entries. Subsequently, the remaining articles' titles and abstracts were screened to assess their alignment with the predefined research objectives. At this stage, irrelevant records and those that did not meet the broad inclusion criteria were excluded. Full-text versions of the potentially eligible articles were then retrieved and assessed in detail against the established inclusion and exclusion criteria. The evaluation considered study Design, population, intervention or exposure, outcomes, and language requirements. Finally, the studies meeting all criteria were included in the review. Discrepancies during the selection process were resolved through discussion among the reviewers, and when necessary, a third-party adjudicator was consulted to reach consensus. This multi-stage process of identification, screening, eligibility, and inclusion ensured a systematic and transparent selection of studies consistent with PRISMA guidelines.

Data Extraction and Analysis

Two reviewers (FS and AN) independently extracted the included studies into a summary table containing information on study characteristics, participants, cultural or national context, and key findings related to the learning needs of patients and caregivers. Two reviewers performed data extraction, and a third and fourth reviewer subsequently verified the work to ensure consistency and accuracy (YT and KLA). The analysis employed a combination of descriptive, qualitative, and thematic analysis, enabling systematic mapping of study characteristics alongside an in-depth exploration of emerging concepts.

In the first stage, descriptive analysis was used to map and summarise the key attributes of each included study, such as research Design, setting, sample characteristics, and participants' educational backgrounds. This step provided a structured overview of the scope and distribution of evidence across different Asian countries. Subsequently, thematic analysis was conducted to identify, categorise, and interpret the learning needs of patients, family caregivers, and healthcare professionals. Findings from the various studies were carefully compared and organised into overarching themes that captured both commonalities and contextual distinctions. Data from each stakeholder group were analysed separately to identify within-group themes, which were then compared and contrasted through cross-perspective analysis to reveal areas of convergence, divergence, and complementarity among the three perspectives.

Results

Study Selection

A total of 1,396 records were initially retrieved from four electronic databases (PubMed, EBSCOhost, Scopus, and Taylor & Francis) (see [Figure 1](#)). After removing 32 duplicates and one record automatically marked as ineligible, 1,363 records were screened based on titles and abstracts. From this stage, 1,269 records were excluded for not meeting the study objectives, leaving 94 reports for further assessment. Of these, 43 reports could not be retrieved in full text, and the remaining 51 full-text articles were evaluated against the inclusion and exclusion criteria.

During the eligibility assessment, 40 reports were excluded due to factors such as lack of full text, review article type, heterogeneous populations, or outcomes that did not address learning needs. In addition, five additional studies were identified through manual searching, all of which met the eligibility criteria. Finally, 16 studies were included in the review, comprising 11 studies from databases and 5 from hand searching.

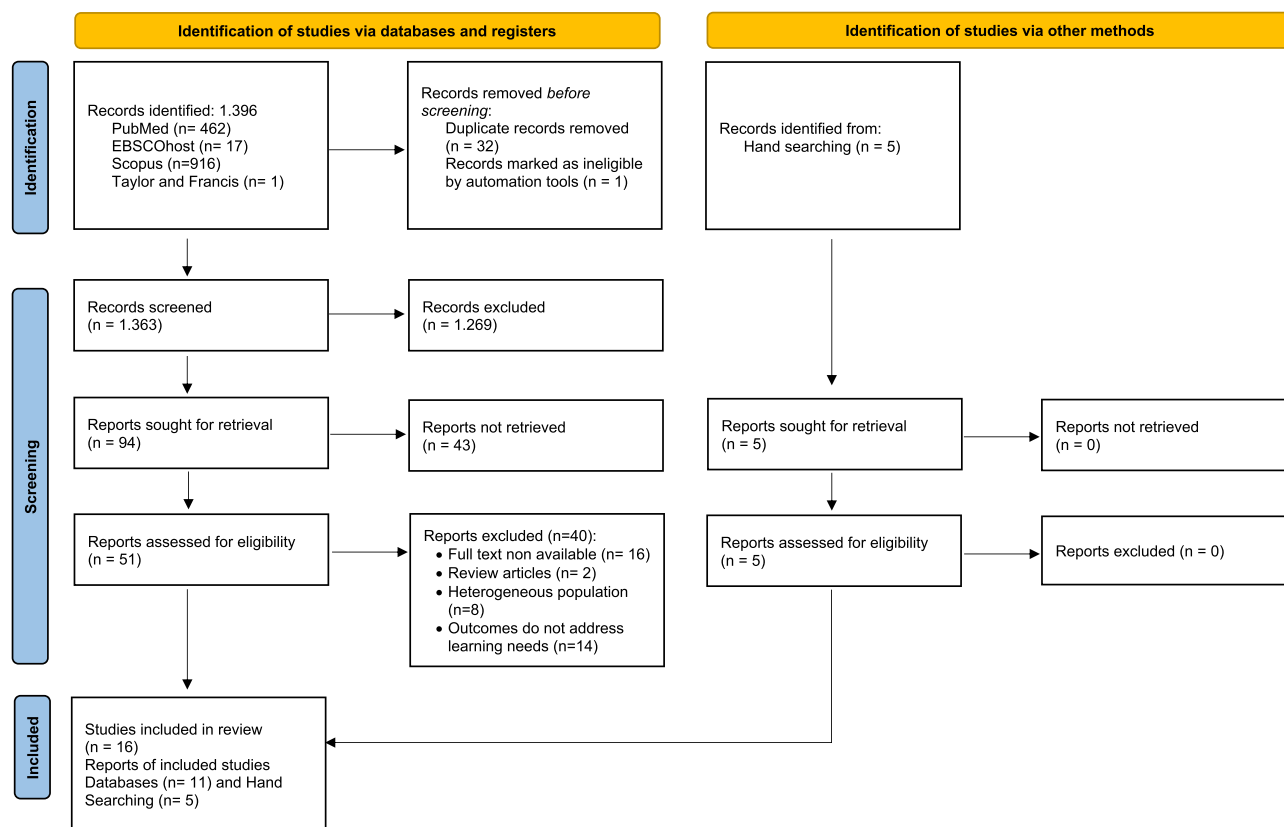


Figure 1 PRISMA Flow Diagram adapted from Page MJ, McKenzie JE, Bossuyt PM et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. Creative Commons.¹⁸

Characteristics of Studies

This review comprised 16 studies conducted across Asia and the Middle East, including China, Korea, Iran, Singapore, Jordan, Indonesia, Turkey, and Japan (see [Table 2](#)). Methodologically, the studies employed qualitative designs,^{19–24} descriptive and cross-sectional surveys,^{6,9,25–28} and mixed-method approaches.^{29,30} Two separate qualitative inquiries were also conducted by Yu et al (2016) in China, one with patients and another with healthcare professionals, while Bahrami et al (2014) contributed two distinct caregiver-focused studies in Iran.^{19,20} This methodological diversity provided both contextual depth and empirical breadth, mapping the spectrum of patient and caregiver learning needs in different healthcare systems.

Geographically, the studies spanned multiple regions, enhancing the cultural representativeness of findings. Research conducted in East Asia,^{6,19,26,28,30} Southeast Asia,^{22,27} the Middle East,^{9,24} and South Asia,^{25,29} revealed both convergences and divergences in heart failure education priorities. Collectively, the geographical and methodological diversity reflects the multifaceted nature of learning needs in heart failure care while simultaneously highlighting disparities that call for tailored, context-sensitive educational interventions.

Characteristics of Participants

Participants consisted of HF patients, caregivers, and healthcare professionals (nurses and physicians). Patients were generally middle-aged to older adults, with mean ages mostly 50–70 years, while caregivers were often 30–50 years old (see [Table 2](#)). The youngest participant was 19, and the oldest was 88.⁶ In terms of education, there was considerable diversity. Many patients had at least a high school education (eg, 60.8% in Korea with a high school or higher education). By contrast, caregivers in some settings, particularly in Iran, were predominantly educated at the primary school level. Healthcare professionals were mainly holders of a diploma or a bachelor's degree.

Table 2 Characteristic of Studies and Participants

Study	Location	Design	Sample Size	Age	Education	Learning Needs	Main Findings
Yu et al (2016) ³¹	China	Qualitative study	26 patients with HF	58.62 ± 11.09	Tertiary (42.3%)	<ul style="list-style-type: none"> – Poor understanding of HF (risk factors, medication, and disease management) – Uncertainty about coping strategies 	The study revealed that Chinese heart failure patients lacked sufficient knowledge of their condition and the strategies needed to cope with it.
Kim et al (2012) ⁶	Korea	Descriptive, exploratory survey	121 patients with HF	19–88	High school or above (60.8%)	<ul style="list-style-type: none"> – Low recognition of HF severity – Understanding of HF (signs and symptoms, medication, risk factors, general HF information, prognosis, diet, activity, and psychological information) 	Patients demonstrated limited knowledge of HF and relied heavily on physicians, underscoring the need for structured education.
Yu et al (2016) ¹⁹	China	Qualitative study	24 HCPs (nurses, physicians)	34.38 ± 5.17	Diploma (33.3%)	<ul style="list-style-type: none"> – Symptom management – Risk factors – Prognosis – Lifestyle adjustment 	HCPs emphasized the need for patient-centred education, but recognized barriers in communication and access.
Bahrami et al (2014) ³²	Iran	Qualitative study	19 caregivers	42 (20–50)	Primary (52.63%)	<ul style="list-style-type: none"> – Lack of knowledge about diseases and medications – Inaccessibility to reliable sources of information – Lack of guidance from the healthcare team – Caring with ambiguity due to the unpredictable nature of the disease 	Caregivers struggled with insufficient knowledge and systemic barriers, relying on self-learning and faith.
Neo et al (2020) ²²	Singapore	Qualitative study	30 patients, 11 caregivers	56.0 ± 19.0 (patients) 55.5 ± 8.5 (caregiver)	Not reported	<ul style="list-style-type: none"> – Patient learning needs include knowledge of the disease, its complications, self-management, social roles, and the meaning of life. – Caregiver learning needs include emotional support, managing physical and financial burdens, and understanding how to best care for the patient and themselves. 	LVAD changed life profoundly; both patients and caregivers desired holistic, supportive care.
Ashour et al (2020) ⁹	Jordan	Cross-sectional survey	67 patients, 67 caregivers, 67 nurses	60 or older (71.6%) (patients) 41 or older (71.6%) (Caregiver) 31–41 (52.2%)	Patients and caregivers <secondary school (74.6% and 79.1%) Nurses: Not reported	<ul style="list-style-type: none"> – Patients: Salt and fluid intake, current condition. – Caregiver: Salt and fluid intake; signs and symptoms of worsening heart failure. – Nurses: Medication, signs and symptoms of worsening heart failure, and how to improve heart function. 	Differences found: patients and caregivers prioritized salt/symptoms, nurses emphasized medication/side effects.

(Continued)

Table 2 (Continued).

Study	Location	Design	Sample Size	Age	Education	Learning Needs	Main Findings
Etemadifar et al (2015) ²¹	Iran	Qualitative study	21 caregivers	41 (20–50)	Primary (47.64%)	<ul style="list-style-type: none"> – Uncertainty in care – Lack of support – Financial issues – Religious coping – Lack of guidance from the healthcare team – Unpredictable nature of the disease and caring with stress and ambiguity – Ignored caregivers in the healthcare system 	The participants had the impression that they lacked the fundamental knowledge concerning their illness and the medication. In addition, they received little guidance from the healthcare team. Lack of support, insurance, and financial issues were major problems faced by the caregivers.
Ong et al (2018) ²⁷	Singapore	Cross-sectional correlational survey	97 patients with HF	60.84 ± 11.34	Primary or lower (45.5%)	<ul style="list-style-type: none"> – Signs & symptoms – Risk factors – General HF information – Medications – Most important: (Why am I short of breath?, What can I do to improve my heart function? Moreover, what should I do if symptoms worsen?) 	Findings revealed that education topics relating to signs and symptoms, risk factors, general HF information, and medications were perceived by participants as the most important. In contrast, education topics related to diet, activity, and psychological factors were poorly valued.
Min et al (2020) ²⁸	Korea	Descriptive exploratory survey	100 patients, 20 Healthcare professionals	72.15 ± 11.08 (patients) 36.80 ± 9.38 (Caregiver)	High school or above (52%) (Patients) Undergraduate (70%) (Healthcare)	<ul style="list-style-type: none"> – Patients: Patients focus on immediate needs related to medication and symptoms. – Healthcare providers focus more on long-term management (diet and monitoring, such as diet management, fluid restriction, alcohol, and daily weight monitoring) – Both groups agreed that medication, signs, and symptoms were the most important learning needs. 	Both groups prioritized medication/symptoms, but healthcare emphasized diet more, while patients valued prognosis.
Yu et al (2012) ²⁶	China	A Cross-sectional study	347 patients with HF	64 ± 13	Tertiary (50%)	<ul style="list-style-type: none"> – Participants prioritised information on risk factors, prognosis, general knowledge of heart failure, and medication use, while lifestyle and psychological aspects were considered less critical. 	HF patients in China identified most topics as relevant to their learning.
Gultom et al (2024) ²⁵	Indonesia	Descriptive quantitative study	190 patients with HF	>46 years (78.95%)	High school (45.79%)	<ul style="list-style-type: none"> – Top 3 (treatment of complications, lifestyle, and medication) – Self-management at home 	The study results showed that patients had the highest mean learning needs for the treatment of complications. Meanwhile, patient self-management showed the highest mean score for the home component.

(Continued)

Table 2 (Continued).

Study	Location	Design	Sample Size	Age	Education	Learning Needs	Main Findings
Ardianto et al (2021) ²⁹	Indonesia	Mixed methods	97 patients with HF	44,35 ± 11,848	High school (33%)	<ul style="list-style-type: none"> Information about the disease Health needs (caregiver feels unwell and uncomfortable while caring) Need for social support (religious and community) Household needs (help with meal preparation and housework) Financial need 	The analysis identified six key themes: psychological distress, need for help with household activities, financial difficulties, limited illness knowledge, dependence on social support, and uncertainty in managing unpredictable disease progression. Caregivers also reported needing informational, health, economic, and household support to improve their caregiving capacity.
Bahrami et al (2014) ²⁰	Iran	Qualitative study	18 family caregiver	43.7 years (range 20–50 years)	Moderate level (61%)	<ul style="list-style-type: none"> Information about the disease and the drug Lack of a source of information Empirical caring without scientific knowledge 	Family caregivers believed that they had little knowledge about the patients' disease, drugs, and how to perform caregiving roles.
Kilic, B., and Cicek (2015) ²³	Turkey	Qualitative study	14 patients with HF	69.21 (43–80)	Not Reported	<ul style="list-style-type: none"> Usage of drugs Lifestyle changes (nutritional, coping with symptoms, sleep, coping with stress) Characteristics of the disease (prognosis, warning signs, complications, and control of symptoms) 	This study shows that heart-failure patients prioritize information about their medications, specifically each drug's indication and effects. Guidance on managing symptoms that interfere with daily activities ranks second, while education about the disease itself ranks third.
Nagata et al (2025) ³⁰	Japan	Mixed methods	162 patients with HF	68.9% were aged ≥ 60 years old	Not Reported	Information about the disease and treatments	70% of participants responded that since having HF, they have wanted information related to HF and its treatment, and approximately 50% of participants currently want more information.
Tavakoli et al (2018) ²⁴	Iran	Qualitative study	7 caregivers, three patients, three nurses, and one physician	42.6 years, ranging from 28 to 57 years	The majority of nurses (bachelor's) Patients (primary school) Physician (medical doctor)	<ul style="list-style-type: none"> Basic care management education (HF disease course, medications and side effects, daily monitoring, crisis management, and quality of life improvement) Care with dignity Resilience development (maintaining physical and psychosocial health) 	Those caring for patients with heart failure (HF) daily must learn to be more resilient and gain specific knowledge to provide excellent care.

Abbreviation: HF, Heart Failure.

Analysis of Learning Needs

The thematic analysis in this review was categorized into three distinct yet complementary perspectives: patients, families or caregivers, and healthcare professionals (see Figure 2). These themes depict a complex, interconnected spectrum of learning needs in the context of heart failure management. Each perspective demonstrates a unique area of focus. These differences indicate that educational processes cannot be understood in isolation from a single viewpoint but must instead be regarded as part of an integrative learning ecosystem. Accordingly, synthesising these three perspectives provides an essential foundation for analysing how diverse learning needs can be harmonised into collaborative, contextually grounded, and evidence-based educational strategies.

Category I: Patients' Perspective

From the patient's perspective, it consists of six main themes, such as (I) Knowledge and severity understanding, (II) Symptom management and response, (III) Medication knowledge and adherence, (IV) Lifestyle and daily self-management, (V) Complication crisis management, and (VI) Psychosocial adaptation. Patients expressed an urgent demand for fundamental information on heart failure, including risk factors, prognosis, and available treatment options.^{6,19,26,27,30} Moreover, recognizing warning signs and knowing the appropriate actions to take during symptom exacerbations were identified as critical elements in fostering self-reliance.^{6,23,26,27}

Another emphasised aspect is patients' understanding of pharmacological therapy, which includes drug indications, therapeutic effects, potential side effects, and adherence strategies. Previous studies highlighted persistent challenges patients face in independently managing their medication regimens.^{6,23,26,27,31} Lifestyle modifications, such as dietary control, salt and fluid restriction, physical activity, sleep regulation, and coping strategies, were also identified as key

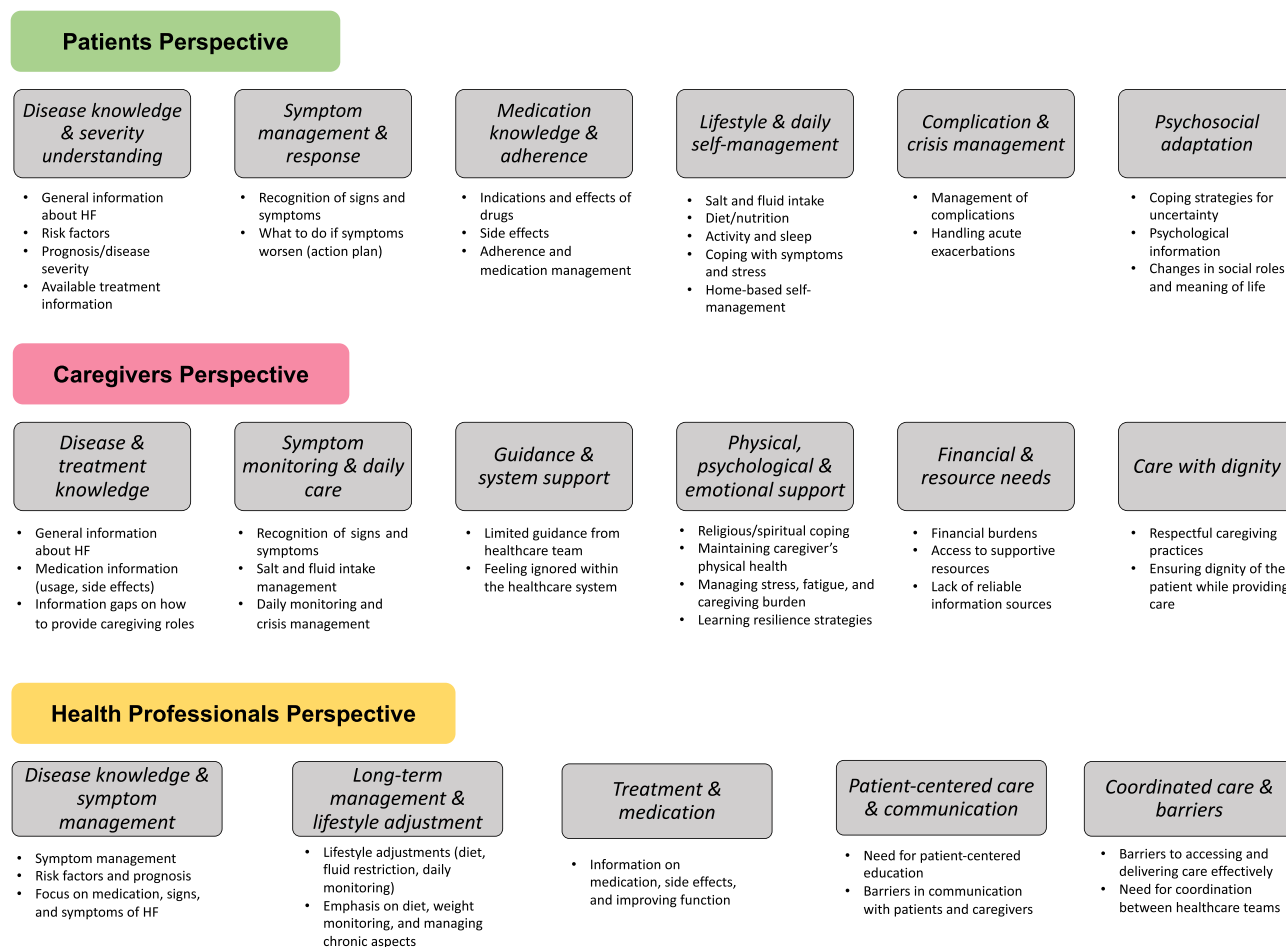


Figure 2 Thematic Analysis of Learning Needs.

learning needs to ensure effective home-based self-management.^{6,9,23,25,27} Further learning requirements include strategies for managing complications, particularly acute exacerbations or crises.^{22,25,27} In addition, patients require psychosocial support in coping with uncertainty, adjusting to social role changes, and reinterpreting the meaning of life while living with a chronic illness.^{6,22,31}

Category II: Caregiver Perspective

From the caregivers' perspective, six significant learning themes are needed, which include: (I) Disease and treatment knowledge, (II) Symptom monitoring and daily care, (III) Guidance and system support, (IV) Physical, psychological, and emotional support, (V) Financial and resource needs, and (VI) Care with dignity. The learning needs primarily centre on disease knowledge, practical caregiving skills, and psychological well-being. Caregivers frequently encounter information gaps regarding the course of the disease, medication regimens, and their daily patient care responsibilities.^{9,20,21,32} They also require enhanced skills in symptom monitoring, dietary management, particularly in salt and fluid restriction, and crisis response.^{9,24}

Another significant challenge is the limited guidance and support from healthcare providers. Many caregivers reported feeling overlooked within the healthcare system, contributing to knowledge gaps and increased psychological burden.^{20,21} Consequently, there is a substantial demand for physical, emotional, and spiritual support. Evidence suggests that caregivers benefit from coping strategies, stress management interventions, and religious coping mechanisms to sustain psychosocial resilience.^{21,22,24}

Beyond psychological needs, financial burdens are also prevalent due to treatment costs and limited insurance coverage. Caregivers emphasized the necessity of access to sufficient supportive and financial resources.^{21,22} Moreover, caregivers consistently highlighted the importance of dignified care, ensuring that patients' integrity and self-respect are preserved throughout the caregiving process.²⁴

Category III: Healthcare Perspective

For healthcare professionals, there are five learning needs themes, namely: (I) Disease knowledge and symptom management, (II) Long-term management and lifestyle adjustment, (III) Treatment and medication, (IV) Patient-centered care and communication, and (V) Coordinated care and barriers.

The primary learning needs revolve around patient-centred communication, clinical knowledge, and interprofessional coordination. Barriers in communication with patients and caregivers often diminish the effectiveness of education, emphasizing the necessity for healthcare providers to deliver information with greater clarity and empathy.¹⁹ From the perspective of healthcare professionals, patients also need to improve their competence in symptom management, including understanding risk factors, prognosis, and recognizing early warning signs.^{9,28} In addition, lifestyle adjustment strategies, particularly dietary regulation, fluid restriction, and weight monitoring, are critical to supporting patients in the long-term management of heart failure.²⁸

In terms of medical treatment, professionals identified the need for a deeper understanding of pharmacotherapy, including medication effects, adverse reactions, and strategies to improve patients' functional outcomes.^{9,28} Nonetheless, systemic barriers in coordination across healthcare teams remain a persistent issue. Multiple studies have emphasized the importance of establishing more integrated services to enhance the accessibility and effectiveness of patient care.¹⁹

Discussion

This review is the first to synthesize learning needs in HF care across patients, caregivers, and healthcare professionals in Asia, revealing a significant misalignment in priorities between families and healthcare professionals. These variations in perspective are not merely differences in the list of topics to be taught but rather reflect the distinct roles, identities, and motivations of each group within the heart failure care system. Such differences further underscore the importance of contextually grounded educational frameworks that integrate patients', caregivers', and professionals' perspectives to achieve cohesive, culturally responsive heart failure self-care education.

Patients primarily focus their learning on self-management, which includes disease knowledge, recognizing warning signs, adhering to medication regimens, and modifying their lifestyles to gain greater control and independence in their

daily lives.^{6,23,26,27} Caregivers prioritize practical competencies (symptom monitoring, diet, crisis response) that go hand in hand with psychosocial resilience (coping strategies, spiritual/social support) to maintain continuity of home care and prevent burnout.^{21,22,24,32} Meanwhile, healthcare professionals view learning needs through a system-centred lens, focusing on effective empathetic communication, evidence-based lifestyle counselling, and coordination to bridge care transitions and ensure consistency of educational messages.^{9,19,28} These differences in learning needs align with the Situation Specific Theory of Heart Failure Self Care, with its three core concepts: self-care maintenance, confidence, and management.^{33,34} The three core concepts highlighted the interaction of patient, caregiver, and contextual factors. In this case, the healthcare professionals influence health failure self-care decisions on management.^{33,34}

These three perspectives, although with different focuses, complement each other and form a unified whole to ensure continuity of care. These findings indicate that most of the patient's learning needs have been covered by the caregiver and healthcare worker perspectives. However, both caregivers and health workers still have learning or informational needs that require special attention. Differences in perception among patients, caregivers, and healthcare workers reflect variations in focus and perspective on learning needs, depending on role. Therefore, a comprehensive analysis from all three perspectives is necessary to identify areas that need improvement and harmonization. For patients and caregivers, strengthening intensive communication and integration with healthcare professionals is key to ensuring consistent education and care. If these mismatched perceptions are not aligned, the continuum of care risks becoming suboptimal. Therefore, these three perspectives need to be synergistically integrated to create a learning and care system that is sustainable, adaptive, and capable of improving the quality of life and overall well-being of patients.

Understanding learning needs from the caregiver perspective is a crucial issue that must be comprehensively identified. In addition to assisting patients with daily care, families act as co-providers, maintaining therapy continuity, monitoring symptoms, and ensuring adherence to treatment regimens. This care is long-term, so the family, as caregivers, is at risk of experiencing burden.^{35–38} Previous reviews reported that most caregivers from 30 studies analyzed experienced high burdens both physically, psychologically, and socially.³⁷ This gap has a direct impact on the effectiveness of patient care, as the caregiver's inability to understand danger signs or implement dietary and fluid management can worsen the patient's clinical condition.

In the context of caring for heart failure patients, families also experience several perceived obstacles.^{21,39} Major barriers include ineffective communication between patients, families, and healthcare professionals, fragmented care, and poorly structured care plans.^{39–42} In addition, other barriers include a lack of support, limited knowledge about patient care, and limited access to needed health resources and services.^{39,43,44} These barriers may increase the burden on the family, ultimately reducing the quality of care provided to the patient.^{45,46}

Understanding patients' learning needs from a family perspective significantly impacts treatment outcomes. Targeted education enables patients to recognize symptoms early, seek prompt medical help, and practice effective self-care.^{47,48} For families, adequate understanding increases self-confidence in accompanying patients and reduces anxiety in caring for them at home.^{24,32} Thus, mapping educational needs is one of the preventive strategies in heart failure management. In Asian settings, family-centered decision-making and cultural norms such as respect for authority and limited patient autonomy profoundly shape communication and caregiving.^{49,50} Families often serve as key mediators between patients and healthcare providers, influencing how health information is understood and acted upon.^{49,50} Thus, mapping educational needs represents not only a preventive strategy in heart failure management,⁵¹ but also a culturally attuned effort that recognizes the family's central role in sustaining self-care.

The role of nurses in educating patients and their families is crucial.⁵² As healthcare professionals who interact most directly with patients, nurses are strategically positioned to convey health information effectively and consistently.^{53,54} To optimize this role, nurses need empathetic communication training and the ability to adapt educational approaches to patients' individual needs.⁵⁵ The results of this review also confirmed that the primary needs reported by healthcare professionals focused on patient-centered communication and interprofessional coordination,^{9,19,28} Because communication barriers between healthcare workers, patients, and families often reduce the effectiveness of the educational process, healthcare providers need to ensure that information is delivered clearly, consistently, and with empathy so that patients and their families can truly understand and apply the learning. Structural barriers within healthcare systems, including

time constraints, fragmented care transitions, and the lack of caregiver inclusion, may also reinforce misalignments between healthcare professionals and patients and their family members.

The differences found among patients, caregivers, and healthcare professionals indicate a misalignment in learning priorities, potentially hindering the continuum of care. An effective continuum of care requires integration across perspectives. The differences in understanding among patients, who focus on practical aspects and self-adaptation; caregivers, who emphasize emotional support and the burden of care; and healthcare professionals, who focus on clinical education and team coordination, need to be bridged through a collaborative educational approach. Thus, all three parties must complement each other cross-sectionally and work synergistically to ensure consistent and continuous educational messages.

Implication for Practice

This study has several notable strengths. Unlike previous reviews that focused only on patient self-care education, this review uniquely incorporates caregiver and healthcare professional perspectives, revealing misalignment that may contribute to poor continuity of care. First, unlike previous reviews that focused only on patient self-education, this review uniquely incorporates caregiver and healthcare professional e-learning needs in Asia, enabling a more holistic analysis of educational dynamics within the context of heart failure management. Another strength lies in its emphasis on cultural aspects, which are often underexplored in similar studies, thereby adding practical relevance and contextual depth to the Asian setting.

Overall, this scoping review provides an essential contribution to understanding the learning needs of patients with heart failure, their families, and healthcare professionals within the Asian context. The mapping demonstrates that educational programs should adopt a comprehensive approach that encompasses medical, lifestyle, and psychosocial dimensions while being sensitive to cultural values. By integrating these components, educational strategies are expected to enhance treatment adherence, reduce hospital readmissions, and ultimately improve patients' quality of life. Hence, the present findings provide a strong basis for designing evidence-based, patient- and family-centred educational interventions that promote holistic and sustainable heart failure management.

Strengths and Limitations of the Study

This study has several strengths. First, the review was conducted systematically using a scoping review approach, which enabled mapping of diverse literature and provided a comprehensive overview of the learning needs of patients, families, and healthcare professionals in Asia. Second, this review focused on multiple perspectives, enabling a more holistic analysis of educational dynamics within the context of heart failure management. Another strength lies in its emphasis on cultural aspects, which are often underexplored in similar studies, thereby adding practical relevance and contextual depth to the Asian setting.

However, this study also has certain limitations. Most of the included literature originated from a few East Asian countries, which may limit the representativeness of findings across the wider Asian region. Additionally, several studies employed cross-sectional designs, which restrict the ability to infer causal relationships. These factors suggest that the results of this review should be interpreted with caution and may not be fully generalizable to all populations across Asia.

Conclusion

This scoping review identified and analyzed 16 relevant articles addressing learning needs in HF care across Asian settings. The synthesis revealed that these learning needs can be categorized into three primary perspectives. First, patients require a comprehensive understanding of the disease, medication regimens, lifestyle modification, and the ability to recognize signs of deterioration. Second, families emphasize the need for both practical and emotional support in daily caregiving. Third, healthcare professionals focus on ensuring consistency in education, clinical monitoring, and effective communication to facilitate structured and coordinated care. The analysis highlighted distinct priorities among these three perspectives, which may lead to practice gaps if left unaddressed. Therefore, educational programs should be designed to be integrated, continuous, and evidence-based, ensuring alignment among patients, families, and healthcare professionals to optimize outcomes in heart failure management.

In conclusion, this review emphasizes the necessity for an integrative educational framework that aligns the learning requirements and instructional methodologies of patients, caregivers, and healthcare practitioners. Educational interventions must go beyond generic instruction and develop into person-centered, culturally sensitive, and psychosocially integrated strategies that respond to the actual experiences of individuals and families impacted by heart failure. Crucially, nurses must be positioned as the central agents of transformative learning, equipped with advanced communication competencies and empowered through interprofessional collaboration to sustain coherent and compassionate education across settings.

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Disclosure

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