

Example answers for questions on evidence based practice nursing essay



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Introduction

In this assignment I shall discuss the concepts of Evidence Based Practice (EBP), and briefly outline its importance to my professional practice. I shall select a relevant aspect of my practice in relation to my professional discipline. I will provide a rationale for selecting my aspect of professional discipline, which will be within the context of (EBP). I will discuss the extent to which my selected aspect of professional practice is informed by various types of evidence. In relation my chosen aspect of professional practice, I shall then identify factors that may facilitate and hinder the implementation of (EBP).

Q1

Evidence based practice (EBP) is to demonstrate the best practice, which has been supported, with a clear rationale to back it up. Whilst using (EBP), this also acknowledges the patient/clients best interest. (EBP) is ' the

conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patient/clients' (Sackett et al, 1996).

In this definition Sackett facilitates an understanding between (EBP) and decisions we make in everyday practice. This demonstrates the strong connection between both aspects. Here, Sackett emphasises the importance of decisions we make as healthcare professionals, and how clearly they should be stated. This shows that decisions are well thought-out, which demonstrates that the use of evidence is used sensibly and carefully, which means that any care or support we deliver must be evidence based. It shows that Sackett understands that if care or support we provide has a rationale, then this enables us to deliver it with a meaningful purpose.

According to the Nursing and Midwifery Council (NMC) we as healthcare professionals must deliver care on the best evidence or best practice (2008). The code of conduct clearly states that any advice we give must be evidence based. If we fail to adhere to the code, then this may result in disciplinary action by the (NMC) (2008).

As healthcare professionals I feel any care we deliver should have a rationale to justify anything we carry out. I believe that as healthcare professionals we are expected to understand why we are caring for patient/clients, whereby a rationale is provided for the care that we provide. (EBP) helps us as healthcare professionals keep updated with policies and procedures (ref). It is fundamental that we keep our skills and knowledge current, which enables us to provide effective care.

(EBP) in its earlier days of evidence based medicine, which provides a suitable way in producing efficient clinical decisions, avoiding routinely work practice, which increases clinical performance (Evidence Based Medicine Working Group 1992, Davidoff et al , 1995). In the above statement it demonstrates that (EBP) contributes to significant clinical decisions, which may subsequently develop

It is important that we adhere to policies and procedures for the best practice available, which may prevent us from making any errors. As practitioners we are accountable for our actions. Justifying what we do is vital, which must have a rationale behind it. Failure to adhere to (NMC) may result in professional misconduct (2008).

Q2

Here I shall formulate the question according the (PICO) method, which is population, intervention, comparison intervention, and outcome. This was devised by Sackett et al, which is a useful method in order to make questions more purposeful (1997).

My selected aspect of professional practice is the Treatment of Depression and its Effectiveness in Adults with Cancer.

I personally feel there is a high prevalence of depression in cancer patients. In my experience, I have found that there are many cancer patients, which may be suffering from depression. According to Barraclough (1994) states that depression is the most common psychiatric illness in patients with terminal cancer. The high prevalence of depression in cancer patient has

influenced me carry out my own research, which will effectively enhance my <https://assignbuster.com/example-answers-for-questions-on-evidence-based-practice-nursing-essay/>

knowledge. Personally, I feel that by developing my knowledge on my chosen topic will help enable me to have a greater understanding, t in my future practice.

Hinton (1963) found that 24% of patients dying in an acute hospital were depressed. It has been found by Casey that patients suffering with depression may be assessed by asking them if they have symptoms such as ; loss of pleasure in activities, feelings of guilt and worthlessness, or thoughts of self harm, which may help in recognizing a diagnosis in depression (1994).

Q3

The objective of a qualitative research is to describe, explore, and give explanation to the phenomenon what is being studied (Marshall & Rossman, 2006. (Morse & Richards 2002) established that there many techniques used in the collection of data involved in the production of a qualitative study, but the commonly used are observing and interviewing partakers. A meta-analysis is within a qualitative study, whereby the findings of qualitative are carefully examined, the methods and theories from different studies, to form an overview or conclusive ways of thinking about phenomena Thorne et al (2004).

In my experience I have found that many patients whom have cancer have been low in mood, but often go left untreated. Maguire found that up to 80% of psychological and psychiatric morbidity, which develops in cancer patients often goes unrecognised and untreated (1985).

It speaks about how patients are non-compliant in discussing symptoms unreservedly with nursing and medical staff. It mentions that in the United Kingdom (U. K) clinical nurse specialists play an important role in assessing the symptoms and providing advice to cancer patient with highly developed and metastatic cancer (Gray et al, 1999).

This qualitative study was purposely carried to deter how clinical nurse specialist manage, assess, and perceive depression in such patients, in both hospital and community settings. Atkin et al (1993) found that 43. 4% of nurses reported that early recognition of, signs of anxiety and depression was part of their role. It shows the difficulty nurses are faced with in convincing medical staff to follow up assessment or prescribe antidepressant medication.

I shall now critique the study. Firstly, none of the nurses had any form of mental health training. Therefore, I feel their lack of knowledge may have falsified the findings of the study. Lastly, the demographic area may have been expanded further afield, which subsequently makes the findings minimalistic.

The view proposed by Long (1995, p94) that the most problematic characteristic of the hierarchy of evidence model, is that it completely lacks recognition of qualitative study methods. According to Sackett et al (1996) a qualitative is in the ranking of research evidence at the base. Here, it shows that a qualitative study has inadequate efficacy, whereby it lacks randomization, it also has scarce before and after studies.

However, it does give emphasis to the fact that open ended question were asked in a qualitative study, which demonstrates its feasibility. An open ended question can have many answers, whereby it can be answered in many ways than one. If in depth answers are obtained, then this may enable the researchers to capture a greater insight of the situation.

Nevertheless, it has been discovered that identifying the findings in a qualitative study can be complex, this may due the style of reports, or they may be perceived wrongly (Sandelowski & Barroso 2004).

Systematic reviews were first defined as ' concise of the best available evidence that address sharply defined clinical questions' (Murlow et al 1997). Here, it states that a systematic review involves gathering quality information, which is then analysed, whereby it is then summarised. A systematic review is a vital source of evidence-informed policy and practice movement, which connects research in decision-making (Chalmers, 2003).

Secondly, this systematic review provides us with evidence on cancer patients receiving interventions such as drug therapy, and their efficacy. In this systematic review it found that depression is the most common in cancer patients, which often goes undiscovered and untreated (Lloyd-Williams, (2000); Bailey et al,(2005).

It also shows that cancer patient's survival rate may be decline if their immune response is impaired. (Andersen et al, 1998; Newport and Nemeroff, 1998; Reiche et al, 2004) and poorer survival (Buccheri, 1998; Faller et al, 1999; Watson et al, 1999; Faller and Bulzebruck 2002; Herjl et al, 2003;

Goodwin et al, 2004). It is known that in previous systematic reviews and <https://assignbuster.com/example-answers-for-questions-on-evidence-based-practice-nursing-essay/>

meta-analyses of the effectiveness of interventions for cancer patients whom are suffering from depression have been unsuccessful in differentiating between depression/depressive symptoms.

Dale and Williams (2005) refers to the findings from this review, which demonstrate that there little trial data on the effectiveness of antidepressants, which are prescribed to reduce major depression and depressive symptoms in those suffering with cancer.

Nevertheless, previous reviews which have failed to identify the dissimilarity between both depression and depressive symptoms. It shows little data from clinical trials, which demonstrate psychotherapeutic interventions, which may effective in reducing depression in cancer patients.

A number of small-scale trials showed that psychotherapeutic interventions, more so Cognitive Behavioural Therapy (CBT), which may be effective in treating cancer patient whom have depressive symptoms.

In conclusion, this review shows that there is a hard-pressed need for a more rigorous process in the examination of the effectiveness and consequences regarding approaches towards in managing depression in cancer patients, and providing them with appropriate healthcare services.

In respect to the hierarchy of evidence chart Sackett (1996) states that systematic reviews are at the peak of the chart, which demonstrates this, a strong piece of evidence. The results of a systematic reviews are produced in such a way, whereby a thorough examination of evidence is processed (Murlow, 1987; Cook et al., 1998). Sackett and Straus (1998) found that

systematic reviews of (RCTs) are ranked as the "best" evidence in making clinical decisions in relation to a patient's care.

Within this study a systematic review of randomised controlled trials (RCT) of pharmacological and psychotherapeutic implementation for cancer patients with depression/depressive symptoms. This study had a specific criterion for the selection of (RCTs) of the pharmacology and psychotherapeutic interventions. Partakers were either adult cancer patients with depression, or depressive symptoms receiving interventions such as pharmacology and psychotherapeutic.

This source of evidence fits into the hierarchy of evidence at the apex of the chart. It is known that a singular RCT or Several RCT's are well thought-out as the uppermost level of evidence, and anything below this is classed as a lower level of evidence, which may be classed as an inadequate source of information (Ellis 2000, Lake 2006, Morse 2006b, Rolfe & Gardner 2006). Evidence shows that (RCTs) are considered highly effective sources of information (Muir Gray, 1997; Mulrow & Oxman, 1997; Sackett et al., 1997).

It would be highly unethical to use these findings as a prejudice against patients with cancer who wish receive treatment for depression and depressive symptoms, because of the limited data on effectiveness.

However, traditional or unsystematic reviews can be apparent and suitable to attain, which can also be deceptive at times, above all they are scientific Murlow(1987).

None of these studies make mention of persons centred planning (PCP), which is slightly concerning. Professionals may have four ways in which they can contribute towards (PCP): introducing, contributing, safeguarding, and implementing/integrating (PCP) (Kilbane and Sanderson , 2004).

Q4.

Although, there may be an accumulating body of knowledge about the efficacy of immeasurable nursing practises, which leaves gap between what is in fact known and what is actually practised (Grol and Grimshaw, 2003).

People whom have been in the profession for a long time may not approve or wish to adhere to the implementation of (EBP). This may be due to a number of reasons such as; culture, age, learning ability, or even attitudes towards changes within an organisation.

It is known that there may be barriers which may cause complications in applying (EBP) in nursing practise, this has been established in extensive literature reports (Estabrooks et al 2004). If a nurse's workload is too big, then this may influence their ability to adapt to changes in practise.

A significant source of implementing (EBP) is; student nurses or newly qualified nurse. I have found that student nurses and newly qualified nurses are an important source in the utilisation of (EBP). If for example; they have carried out research at university for an assignment, then they may be able to apply and demonstrate this in practise, and also influence fellow colleagues.

Conclusion

In writing this assignment I have found depression in cancer patients is significantly high. I am now able to say that on the completion of this I am now able to acknowledge the complexities of depression in cancer patient. This will enhance my future practice as a nurse, which will enable me to apply the knowledge I have gained from this assignment into practise. I am now able understand the importance of (EBP), and its relation to my future practise. This has helped assist me in developing my academic skills. On the completion of this assignment I have developed my analysis skills immensely, which will help assist me in my future practise.

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