Appreciating Evidence and practice

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**Introduction**

The purpose of this assignment is to look into what people with learning disability encounter in their daily lives. Gary Mitchel, who has a learning disability (LD) and comes from an ethnic minority group has been used as a reference point to this assignment. Gary’s family feels that they have helped him enough, and it is time to take his responsibility. His brothers do not want anything to do with him as they have their mother to look after. Gary lives in the urban side of North West Bristol centred and his job involves delivering parcels for his friends. Through Evidence Based Practice (EBP) we can improve the level of care people with LD receive from the community based on this story.

**Evidence Based practice**

(Joel, 2011), defines Evidence Based Practice (EBP) as the conscientious use of current based evidence from literature documented about clinical matters in decision making about patient care. It involves the exploration of the best-researched values within the realm of clinical expertise and patient characteristic to make decisions of patient care. Such kind of practice is meant to archive knowledge regarding the recurring clinical issues by putting into consideration of patient preferences and value ((Baker and Allen, 2012). Over the recent past, EBP has been implemented in different situations during treatment administration by the nurses to the patient. According to (LoBiondo- Wood, 2014). EBP is based on three principles that include:

1. Availability of best and adequately researched evidence as to whether and why the treatment offered works
2. An expert judgement based on experience to identify each patient unique diagnosis and health state.
3. Patient character and preferences

**Qualitative evidence**

Qualitative Evidence has been gathered in this paper to explore the experiences of people who have mental disability, especially when it comes to intellectual ability. In the years, numerous research has been conducted showing how people with disabilities suffer in the hands of the community members. To elaborate further on this research topic, this research has employed (Cooper, 2006) journal which has used qualitative research methodology.

The research used by (Cooper, 2006) was conducted in Greater Glasgow Health Board area, of Scotland whereby he sampled people aged 16 years and above and were considered to have intellectual disability. Before this research was undertaken consultations with social workers services agencies. Trained nurses and doctors who were paid to conduct the research. In the article, the doctors and the patient used a maximum variation approach. Population of social service has also been used on the Journal to provide the data of information. The approach is based on the sex, age and years that contain preconceived theory of concept, as it validated by past events and experiences as well as employs technology. This research has used hermeneutic–phenomenological framework that focuses on the experiences of people (Baker and Allen, 2012) Based on these facts, it is acceptable to categorize this study under the qualitative type of research.

The research was done using a number of measures which comprised of semi-structured interview which were done by observation as well as unstructured interviewing to aid in the understanding of patients. The researcher reviewed case notes for essential current and background information on matters related to evidence based practice. Additionally, detailed face-to-face interview, PASS-ADD checklist, C21st Health check and Demographic data form were used to collect full postcode information.

Face-to-face interviews were used in the paper to increase the response rate and avoid time constraints (Cooper, 2006). The interviews also serve as a way of motivating and explaining difficult questions to participants in order to gather accurate information. Their families and caregivers supported participants. This gave the participant the confidence to be able to narrate their experiences. Stories about individuals, situations and structures make reference to important points in the study of perception, beliefs and attitude (Grol, 2012).

According to (Portney, 2009), listening to the story of a person with chronic illness serves to help the self and others understand the meaning of how the illness has affected that individual and how he has managed it. There should be more opportunities for people with intellectual disability to tell their experiences, as it is more compelling and empowering (Portney, 2009). The results of the research suggest that mental illnesses are common in individuals with intellectual disabilities.

In relation to Gary, it is evident that he has a learning disability, which he is unaware of. Unfortunately, the family members especially his brother and sister do not give him the attention that he needs in order to acknowledge that the illness exists. Lack of information pushes people to make uniformed decisions regarding learning disabilities, as in the case of Gary (Melnyk, 2011). If Gary was accessing more proactive health approaches, he might have benefited with early intervention and assigned a caregiver that would be of help to him. This would have resulted in an individual who is positive about his condition and would readily accept to learn and live with people. However, this is not the case. Lack of employment and a limited income concern from people who are related to him makes him angry and depressed.

(Joel, 2011), adds in his paper that conducting a qualitative study include identifying the disadvantages and challenges that the focus group may present. For instance, in the study conducted by (Cooper, 2006) it only included adults with who communicate verbally and were known to have committed offences. The outcome would have been different if selected from a different setting of people with LD who were not offenders to examine if double – bind dependency is present (Melnyk, 2011).

**Quantitative evidence**

(Pinto, 2016), a journal of Intellectual Disability Research has been used in the quantitative analysis part of this work. The general goal of this research was to evaluate care among the intellectual disability groups in the community. Data used in this article was collected from the local community setup, were 30 people with Intellectual Disability (ID) and 30 people without intellectual Disability participated in the research. (Ansell J Hirsh, 2010), says that quantitative evidence is measurable even though it generalizes a lot of information. The population of people with disabilities has been observed to be lower than that of people without disabilities.

The research conducted in the article above used various quantitative methods to analyse and collect data from the sample population. Some of the methods used are: mean, median, variation. In order to simplify the qualitative methods used, Statistical Package for the Social Science (SPSS) was used in the analysis of the findings of the research. The interviewer used a questionnaire, and from the results, 67% people with ID were identified to use substances that make them more vulnerable. 97% of the people without ID said that they did not use any substance and that were happy with the care they were given. In addition, 88% of the respondents with ID said that they were exposed to poor care and did not receive proper treatment in hospitals that they visited.

Majority of the people that made it hard for them to interact with others. Some reported to have been exploited by their peer’s especially by those that had no disabilities (Rao, 2003).

In relation to Gary has ID and depression and his place of residence is a shared accommodation apartment. He is unaware that he has ID as well as depression as he says he wishes to move to another place away from his current place of accommodation. Gary has arguments with the people he lives with and believes that they do not like him. This shows that he might even be pushed to use drugs in order to comfort himself. The use of illicit drugs in people with ID according to Rao (2003) is associated with where people lives, local culture, ethnicity, age and personal history. However, Gary’s family ought to be aware of his condition which they do not actually understand. The family is not aware of how to help him and how much of help he actually needs. As time runs, more complications arise and he gets worse.

Isolation from people surrounding him makes it even worse as they realize of his condition, but do not actually know on how to help him. Gary, therefore, decides to get involved in alcohol abuse, which might in turn result more problems between him and the people he relates with. Although he might be having access to accommodation and security services, what Gary needs is early interaction with health care services that will help him to understand his condition to guide him overcome the problems of isolation, drug abuse and depression (Sierra and Cárdenas, 2007).

In Gary’s case, his family never had the ability and knowledge to provide care to him as they never realized the intensity of his condition. The family never showed much care to him and at one point had total disagreements, which led to isolations and mistreatment. These circumstances make it hard for Gary to live in the community. Llewellyn (2004) reported that people with good social networks are not likely to report experience depression than those with poor social networks. Gary care plan should be reviewed and his care package re-examined, to address his needs. This requires experts in care giving to people with ID to ensure that his needs are met immediately.

The quantitative evidence used in the studies is useful since it provides clear information and can be used to derive information from a large focus group. This is because it also categorizes each group with health problems as per their characteristics (LoBiondo- Wood, 2014). It has a high creditability of hierarchy providing clear documentation regarding the content and application of the survey so as other researchers can assess the validity of the findings.

**Service Audit**

(Guyatt, 2013), defines service audit is a process that addresses a known quality issue, addressing an important area within the practice where improvement can be explored and addressed. I am using **Bringing research to clinical practice** of the British Journal of (Ansell J Hirsh, 2010) article. I have chosen this article, describing it as an audit article because the study was conducted in different locations.

The researcher did not take part in the activities being carried out but observed and recorded everything that occurred. Observation periods took place in the entire period of the audit mainly during ward rounds, team meetings, therapy and patient assessment sessions and the regular activities (Melnyk, 2011). An analysis of the data was then conducted based on the setting, event and activity. I choose this article as it compares results from the three settings including Depression case- management clinics and rehabilitations centre.

In relation to Gary, he is not aware that he may be depressed and he needs someone to address his health issues to enable him access the best treatment (Sierra and Cárdenas, 2007). Examining relationships between the parties involved in the care of patients is observed to determine if the philosophy is being implemented (Nguyen and Wilson, 2016).

The healthcare plans are, however, non-effective in some situations as they bring out some negative effects on the patients and at sometimes being done unwillingly to the patients. The patients sometimes complain of the ignorance of the nurses in administration of the medication (Nguyen and Wilson, 2016). However, in different cases the process is more effective as the nurses are friendly and caring to their patients making the experience a success.

**Conclusion**

In conclusion, Evidence Based Practice (EBP) is an approach of providing health that embraces the best available standards that guide nurses, doctors and therapists in the delivery of their services. EBP is aimed at improving the results of patients receiving various kinds of treatment. It helps the health care providers to address health concerns in the clinical practice using qualitative and evaluate approaches. It also ensures the healthcare is backed by firmly grounded evidence that includes the needs and preference of the individual’s centred approach. Apart from helping healthcare officers, it also helps students ensure that their practice is evidence based.

The qualitative and quantitative analysis carried out in this work reveal that EBP is beneficial and it meets the expectations of an informed public.

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