Capturing the patient’s perspective in nursing documentation: developing a robust evidence base for nursing

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12/6/2012. Rather anxious and aggressive old lady admitted to assessment unit at 1pm, from ED; 78 years old with a 2 year history of persistent fatigue, abdominal pain of unknown origin. Past history of pyrexia, weakness, intermittent atrial fibrillation, dizzy spells for the past 2 years. This is 7th admission in the past 7 months; no diagnosis established following investigations. Each admission initiated by Mrs Rawlins ringing for an ambulance and insisting that she be taken to the ED. Widowed 12 years ago, lives alone, is very demanding and resistant to getting out of bed, walking or going to the toilet.

O/E Vitals signs as per chart; NAD. Says she has not opened her bowels for 9 days and this is giving her acute pain. PR shows no lower impaction and presence of soft stool. Skin dry but clear - some redness of sacrum. Clothes stained; some faecal leakage; generally dirty and unkempt. Alert and aware of surroundings.

Nursing care as per plan. Push fluids, firmly encourage mobilization. Very demanding and curt; wants lots of attention; and critical of lack of care and concern.
A little more about Maggie...
Weighing up the evidence to plan and deliver care

• Evidence of generalities
• Evidence of particularities – from the patient, the family etc; and from qualitative research
The JBI Model of Evidence Based Healthcare
Evidence-based Practice
evidence, context, client preference, judgement
Global Health

Evidence-based Practice
evidence, context, client preference, judgement
What is “evidence”

• “Research” and “evidence” are words that are value laden and differently understood
Evidence is...

• ‘...the available facts, circumstances etc supporting or otherwise a belief, proposition etc or indicating whether a thing is true or valid...’

Pearsall and Trumble 1995
Or...

• “...any statement, record, testimony which tends to prove the existence of a fact in issue”
  Nygh and Butt 1997, p435
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The Evidence Interests of Clinicians
What questions do clinicians need answers to?
Does it work?

What is the problem?

How does it work?

Is it more important for some people than others?

Does doing this cost more than?

Is it acceptable to do this?

What works best for adult males?

Will the politicians support it?

What does it mean to the client?

How do I get support for this from policy makers?
...a wide range of questions surrounding the decisions they make, including (but not limited to) ‘does it work?’
The FAME Scale
... is it...

• Feasible?
• Appropriate?
• Meaningful?
• Effective?
Feasibility

Feasibility is the extent to which an activity is practical and practicable. Clinical feasibility is about whether or not an activity or intervention is physically, culturally or financially practical or possible within a given context.

Appropriateness

Appropriateness is the extent to which an intervention or activity fits with or is apt in a situation. Clinical appropriateness is about how an activity or intervention relates to the cultural or ethical context in which care is given.

Meaningfulness refers to the meanings patients associate with an intervention or activity as a result of their experience of it. Meaningfulness relates to the personal experience, opinions, values, thoughts, beliefs, and interpretations of patients or clients.

Effectiveness (Effects)

Effectiveness is the extent to which an intervention, when used appropriately, achieves the intended effect. Clinical effectiveness is about the relationship between an intervention and clinical or health outcomes.

Evidence Interests Related to Research Approaches

- **Feasibility** ↔ Critical Inquiry:
  - e.g. Action Research; Policy analysis etc

- **Appropriateness** ↔ Cultural Inquiry/ Interpretive Inquiry
  - e.g. Ethnography; Discourse Analysis etc

- **Meaningfulness** ↔ Interpretive Inquiry:
  - e.g. Phenomenology; Ethnography; Observational etc

- **Effectiveness** ↔ Cause/Effect Inquiry:
  - e.g. RCT; Cohort; Time Series etc
Sources of evidence for clinicians include:

- The Patient, family and community
- The findings of quantitative research
- The findings of qualitative research
- Available statistics/metrics
- The opinions of experts
- Public/professional discourses
- Experience/anecdote

They are essentially pluralistic in this regard.
Contemporary Nursing’s Most Urgent Evidence Needs
Capturing patient oriented data to develop an evidence base for fundamental nursing care
The fundamentals of care:

“are universal activities essential for life, part of our daily self-care activities and, as such, are often relegated to the unconscious or common sense level of knowledge. Few adults can remember when they learnt to control their elimination or defecation, respond to hunger and thirst or to understand the basic principles of personal hygiene, exercise and diet. But when confronted with any kind of health or lifestyle challenge, then such tacit knowledge/activity is often the first to be compromised and suddenly, very important.”

1976-The Proper Study of the Nurse

- The role of the nurse;
- Patient anxiety on admission to hospital;
- Nurse - I want my mummy;
- Information - a prescription against pain;
- The teaching and practice of surgical dressings;
- The nutritional nursing care of unconscious patients in general hospitals;
- Nursing communication in hospital wards;
- Measures of anxiety in hospital patients;
- Discharged from hospital;
- Nursing care in relation to pre-operative fasting;
- The unpopular patient; and
- Bowel function in hospital patients.
2013

• patient hygiene:
  • one report based on findings from three National Nursing Home Surveys conducted by the Centers for Disease Control and Prevention's National Center for Health statistics;
  • one randomised controlled trial involving seventy-three nursing home residents; and
  • numerous articles based on expert opinion.

• assisted feeding for people with dysphasia: three articles based on expert opinion;
  • two observational studies;
  • one prospective cross sectional study involving one hundred and eleven participants; and
  • one retrospective cross sectional study involving sixty one participants
• mouth toilet for patients receiving chemo- or radio- therapy:
  • one high quality systematic review of forty-two randomised controlled trials (RCTs) with 3855 participants; and
  • another high quality systematic review of twenty-six RCTs involving 1353 participants.
...reasonable to conclude that

...nursing researchers, despite the early focus on the fundamentals of care in the 1970s, appear to have focused on studying phenomena other than those that one associates with the fundamentals of care.
Building an evidence base for nursing:

• Targeted investment in:
  – Documenting-
    • patient needs for fundamental care;
    • Nursing actions that meet these needs
  – Conducting high quality primary research into the fundamentals of care
  – Ensuring that fundamental care ranks as highly as treatments in evidence based guidelines and practices
Building an evidence base for fundamental nursing care:

– Designing documentation systems that capture patient focused care, nursing assessment, nursing action and nursing-sensitive outcomes;
– Conducting research that is patient oriented
– The strategic promotion of systematic reviews related to the fundamentals of care
• http://www.jbiconnect.org/tools/services/cncn/members_register.php
The potential impact of an accessible evidence base on the fundamentals of care

• Since it’s emergence in the 19th century, nursing has always drawn on observation, measurement and creativity in developing practice

• However, because nursing is about working closely with people in a very practical, physical way, there has always been a tension between “doing” and “thinking”

• Bridging this gap has great potential for patients
“...rarely do we hear of journalists talking of nursing at all, let alone in terms which suggest that the thin line between the sacred and the sublime is about to be crossed by nursing science. Such revelations are the stuff of Spielberg rather than nursing’s version of ‘science’, which is more concerned with sacral sores than technological gimmickry and awesome inventions.”

Anne Marie Rafferty
“...those baths...”

“...we shall never know the answers, let alone the questions, until we take a good, hard look at what may be at first hand seem to be simple things and therefore beneath us. They are of the stuff of which nursing is made. If we don’t ask the questions, who will?”

Charlotte Kratz