Performance Measure

Name

Institution

Performance Measure

**The PICOT question:**

The picot question for Irritable Bowel Syndrome and Nursing intervention is as follows:

*“Psychotherapeutic intervention reduces the level of stress in patients suffering from Irritable Bowel Syndrome”*

In this question following PICO (T) parameters were used:

**Table 1.0**

*PICOT question with regard to IBS*

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| **Sr.#** | **PICOT credentials** | **Research Question** |
| 1 | Population | Patients for Irritable Bowel Syndrome IBS |
| 2 | Intervention | Psychotherapy & counseling (aimed at relaxation) |
| 3 | Control | Patients suffering from stress induced by IBS |
| 4 | Outcome | Reduced Stress |
| 5 | Time | Not specified |

**Three performance measures:**

In the above PICOT question, psychotherapy will be used to enhance the quality of health in patients suffering from irritable bowel syndrome (IBS) which will be aimed at reducing emotional and psychological issues associated with this physical condition. Here, psychotherapy will be considered as “evidence-based practice (EBP)” and its effectiveness will be measured in terms of reduced levels of anxiety and stress in IBS patients. Stress might have various behavioral ramifications such as somatic symptoms, hopelessness, uncertainty, excessive worry, sadness and other negative emotional states. After applying psychotherapeutic techniques such as cognitive behavioral therapy, rational emotive therapy, counseling and client centered therapy; outcomes in terms of “reduced stress instances” will be measured through three scales:

* Perceived Stress Scale (PSS)
* Ryff Scale of psychological wellbeing
* Depression, Anxiety, Stress Scale (DASS)

**Who is requiring data to be measured?**

As this evidence-based practice will be orchestrated by CMS (Center of Medicare and Medicaid Services) hence CMS will rightfully require the data to be measured through above mentioned stress scales so that effectiveness of EBP i.e., psychotherapy could be explored.

**Structure, system or process outcomes**

Outcomes of the evidence-based practice (EBP) i.e., psychotherapy will largely rely upon the process of execution of therapies hence it can be said as process outcome. The effectiveness of psychotherapy will be positively correlated to the extent of practice and experiences because simply executing these therapies will no longer produce favorable outcomes unless executed systematically and individually (Muhammad et, al., 2015).

**For each performance measure:**

**Who collects data?**

* **Perceived Stress Scale (PSS):** the perceived stress scale is the most widely acknowledged psychotherapeutic instruments which measures the perception of stress in individuals. It allows the researchers to know about the degree to which one appraises his life as stressful including physical illness, career failures, interpersonal problems and emotional disturbances. This scale not only measures the indirect unpredictable, overloaded and uncontrollable behavioral ramifications but also the direct queries about recent stress levels. Originally, this scale was designed to assess the perceived stress in community members such as patients and high school students as it is quite easy to understand and respond. Due to the simple language used in the questions, these can be said to have lesser subject and language specific barriers for sub-groups. This scale analyzes the feelings and thoughts of stress during the last month with the options ranging from 0-4. PSS scoring is done by reversing the responses i.e., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0 and then adding across all the scale items. The shorter form of PSS includes 2,4,5 and 10 items.
* **Ryff Scale of psychological wellbeing:** the Ryff scale of psychological wellbeing includes 54-84 items measuring various concepts related to autonomy, environmental mastery, personal growth, positive relationship with others, self-acceptance and purpose in life. Items include options ranging from 1-6 where number 6 indicates strong agreement whereas 1 indicates poor agreement and poor psychological wellbeing; higher the scores, more will be psychological wellbeing and lower will be the level of stress and negative feelings.
* **Depression, Anxiety, Stress Scale (DASS):** These scales measured depression, anxiety and stress that comprise negative cognitive and emotional components. This scale was developed by University of New South Wales Australia to measure these associated symptoms. DAS originally have 42 items in total but if we need results on urgent basis, DAS-21 can also be used which is the short form of DAS-42. This scale has four options ranging from 0-3; 0 refers to the “absent” whereas 3 refers the “all of the time” presence of depressive, anxious and stressful feelings, emotions and behaviors. Normal DASS scoring for depression, anxiety and stress include 0-9, 0-7 and 0-14 respectively whereas scores more than 28, 20 and 34 represent extreme depression, anxiety and stress respectively.

**The goal of outcome**

The evidence-based practice identified in the PICOT is psychotherapy which is aimed at eliminating the instances of stress, anxiety and depression associated with somatic symptoms of individuals particularly with reference to the patients suffering from irritable bowel syndrome. Hence, goal of the evidence-based practice is clear-cut; to enhance the emotional and psychological wellbeing of individuals who are suffering from devastating physical illness.

**Current performance results**

Psychotherapy will undoubtedly produce effective results in form of lowering the scores of stress, anxiety and depression and increasing the wellbeing scores of individuals. If patients suffering from IBS scored lower on PSS and SSS and higher on RSPW, it will confirm the effectiveness of psychotherapy in Evidence Based Practice particularly with reference to IBS patients.

**How to maintain satisfactory performance**

Training and effective implementation of EBP is what orchestrates the maintenance of satisfactory performance in the healthcare. As we have realized the significance of psychotherapeutic interventions in reducing the illness-related stress and increasing the psychological wellbeing of individuals, it is mandatory to train nurses in this regard (Korket, 2016).

**References**

Korket, C. (2016). Patient Counseling about Stress Associated with Irritable Bowel Syndrome - A Qualitative Study Based on Patient Experiences. *Journal of Nursing Psychology*. 33(4), 35-38.

Mohammad, H. M. Altayar,O., Sharma, V., Prokop, L., & Sood, A. (2015). Psychological Therapies in Patients with Irritable Bowel Syndrome: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Gastroenterology Research and Practice, 12(5), 1-13.