EBP and APRN

Name

Institution

**Evidence Based Practice (EBP) and PICOT for Irritable Bowel Syndrome**

**Developing PICOT question with reference to IBS**

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:

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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  |

**List of keywords for literature search**

Following keywords will be used for literature search; Irritable Bowel Syndrome, Counseling, Psychotherapy, Stress, Anxiety, Depression and Relaxation intervention

**2 or more databases for search**

1. CINAHL (Cumulative Index to Nursing and Allied Health Literature)
2. EMBASE: Excerpta Medica Database
3. HAPI: Health and Psychosocial Instruments
4. MEDLINE via PubMed@UIC
5. MEDLINE through Ovid (1947 to Present)
6. ERIC on EBSCOhost
7. Nursing Reference Center Plus
8. SAGE Research Methods
9. PsycINFO

**Theoretical model that supports topic**

Theory that supports my PICOT question is Humanistic Theory proposed by Josephine Paterson and Loretta Zderad who were inspired by Humanistic School of Thought. This model emphasizes the holistic approach of nursing to sort mental and emotional health of patients that is directly linked to their physical symptoms. Such as patients suffering from physical health conditions develop a recurrent and pervasive sense of uncertainty about their evaporating future. This sense of simmering hopelessness disrupts their recovery adversely and all treatment efforts deem to be collapsed in a while. Emphasizing the importance of addressing apparently invisible scars of patients, Josephine Paterson and Loretta Zderad presented five phases of nursing and called them phenomenological nursing which include:

1. Creation of I-YOU relationship with patient is the first step of phenomenological nursing in which nurse listens to the concerns of patients attentively, shares her own experiences, shows empathy and talks to him in a non- judgmental way. The components of Empathy coupled with the Congruence and Unconditional Positive Regard (UCPR) enable nursing professional to build effective rapport with the patient.
2. The next step is consultation towards robust research literature that provide clear-cut frame-of- reference to the nurses for further rapport building. Literature search enables them to develop profound insight about the problem issue and psychological, emotional and social needs of the patients in those specific situations. As a result, both personal skills and research based knowledge helps him diving through the therapeutic relationship more deeply.
3. In the next step, nurses keep synthesizing their knowledge obtained from the patients and synchronize this knowledge with the literature based knowledge. This integration enables them to have more systematic thinking and they develop professional competence gradually. It must be noted that all the healthcare activity revolves around individualized patient orientation and experiences i.e., patient is treated the way he thinks about himself and his illness. In a nutshell, these steps enable nurses to develop better understanding of the emotional and social needs of patients that go hand in hand with the physical symptoms.

**EBP practices in the light of 2 literature articles**

After searching the PICOT keywords through CINAHL database, I found a research article that signifies the effectiveness of counseling in reducing the stress level of patients suffering from Irritable Bowel Syndrome. It was qualitative research study (Kortet, 2016) in which subject sample was drawn from the population of patients having Irritable Bowel Syndrome and was asked close ended questions about the effectiveness of counseling sessions that they attended during their hospitalization. Study results revealed that 75% subjects found the counseling technique highly effective in reducing their emotional and psychological symptoms associated with the physical illness (IBS). Another systematic review (Muhammad, et. al., 2015) found that counseling and psychological therapies were found to have positive effect of the IBS symptoms including perceived quality of life and abdominal cramps. They specifically analyzed Cognitive behavioral approach to treat emotional and psychological symptoms associated with IBS.

**Clinical practices to optimize patient wellness**

Based on the above presented PICOT question, theoretical perspective and literature articles, it can be concluded that psychological interventions render effective in reducing the psychological and emotional symptoms associated with the Irritable Bowel Syndrome (IBS). If executed properly, counseling techniques and cognitive behavioral therapy remains effective in this regard. Hence it is important for nurses to learn these psychological interventions and optimize the wellness of their patients.

**Steps to integrate EBP into clinical setting**

Following steps can be followed to integrate Evidence Based Practice in the clinical setting i.e., implementation of psychotherapeutic intervention for the IBS patients.

1. Identification of the evidence based practices and current best practice guidelines associated with the improved outcomes; identification might come from the combination of personal experiences and research literature relevant to the problem phenomenon
2. Execution of sessions with the team members and discussion of the potential effectiveness and drawbacks of the psychological interventions in relation to the IBS in order to have improved outcomes
3. Tailoring the intervention to adapt the standards, policies and guidelines of the organization
4. Communication with relevant stakeholders including care deliverers, family, patient and staff to facilitate and promote the adaption of novel interventions
5. Implementation of plan-do-study-act cycle about to guide the process of introducing new interventions and testing them in a sequence in real work setting

In this way, evidence based practice can be implemented in the field and patients can be expected to have improved outcomes.

**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.