Evidence Based Practice Paper

Student’s Name

Institution Affiliation
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One of the greatest challenges faced by the healthcare providers is pain management especially for the geriatrics residing in nursing homes (NHs). According to research, approximately 80% of the older adults in NH are writhing in persistent pains (Gibson, 2007; Gibson & Lusier, 2012; Helme & Gibson, 2001). The paper examines the effectiveness of implementing evidence-based practice in the management of pain. The PICO question formulated in this case is “For geriatric nurses working in nursing homes (P), does implementing evidence-based practice (I) as opposed to not implementing evidence-based practice (C), lead to residents reporting reduced pain (O)?”

The various study results are significant in a manner that persistent pain has negative impacts on the quality of life and patient satisfaction (Lapane, Quilliam, Chow, & Kim, 2012; Takai, Yamamoto-Mitani, Okamoto, Koyama, & Honda, 2010). Studies have also established that pain poses the risk of anxiety, suicidal thoughts, sleep disorders, loneliness, depression, functional disability, decrease in socialization and falls (Gibson & Lusier, 2012; Lapane et al., 2012). Although adults living in NHs experience debilitating pain, the challenge is insufficiently assessed and managed (Decker, Culp, & Cachione, 2009; Takai et al., 2010). Therefore, this paper is essential in evaluating the effectiveness of evidence-based practices in pain management.

Literature Review

Swafford, Miller, Tsai, Herr, & Ersek, (2009) conducted a literature review synthesis of 10 articles addressing pain care in NHs which were obtained from MEDLINE, EMBASE, PsychoInfo, CINAHL and Angeline. The study reported 41% decrease in the percentage of residents experiencing pain with intervention facilities. The decrease was eminent after 15
months as measured by MDS (Minimum Data Set) prevalence scores (12.2% versus 7.2%, \( P=0.3 \)). Conversely, the residents of the control group portrayed a nonsignificant 12.1% decrease in the percentage of patients writhing in pain. The same period was used when assessing pain for the study participants in the experimental and control group and a significant difference of \( P=.003 \) was obtained (Swafford et al., 2009).

A study was conducted by Jablonski & Ersek (2009) to assess the staff in NHs’ adherence to evidence-based practices of pain management. The study found mixed levels of adherence to the evidence-based practices. The results of the study showed that the adherence of prescribing practices to evidence-based practice guidelines was much higher as compared to the assessment practices. For example, the nurses who avoided the use of propoxyphene, meperidine and NSAIDs had much higher adherence as compared to the ones undertaking assessment practices. The current evidence-based practices provides that chronic pain assessment should be conducted in regular basis employing the standardized methods validated for application in the older generation. However, despite the fact that study participants had pointed out pain as one of the greatest challenges, 15% of the charts of this study lacked evidence of the assessment of pain in the last 30 days (Jablonski & Ersek, 2009).

Ersek, Neradilek, Herr, Jablonski, Polissar, & Du Pen (2016) conducted a research with an objective of establishing the algorithms of pain management which can assist in implementation of evidence-based practices in nursing homes. The study reported that the combination of a series of algorithm with intensive strategies for enhancing the use of evidence-based practices in assessing and managing pains is not more effective as compared to the efficacy of basic education in pain reduction among the geriatrics (Ersek et al., 2016).
Ersek & Jablonski (2014) carried out a research to investigate the facilitators and barriers towards the adoption of evidence-based practices in NHs. The study reported that structural barriers like staff turnover, lack of adequate staff, and process variables such as the negative attitudes of the physicians regarding the skills of nurses negatively contributed to the adoption of practices. Conversely, the facilitating factors towards the adoption of evidence-based practices include structural factors like instituting extensive policies of pain management, and process such as educating the staff (Ersek & Jablonski, 2014).

**Synthesis of Evidence**

In summarizing the best evidence shows that implementation of evidence-based practices leads to pain reduction among the geriatric patients. The study conducted by Swifford et al. (2009) reported 41% reduction in the number of residents experiencing pain in NHs with intervention facilities as compared to 12.1% reported in care homes with no intervention facilities. Two studies were similar in that they reported staff education as one of the most effective interventions in reducing geriatric pain (Ersek et al., 2016; Ersek & Jablonski, 2014). One difference that can be seen is that the studies covered various topics and were not limited to one specific topic. Therefore, most of the studies had unique findings. The major theme is the effectiveness of evidence-based practices in reducing pain in older adults. In overall, the literature shows that these practices have proved useful in eliminating pain among the patients.

**Conclusion**

In conclusion, I would recommend that NHS should adopt evidence-based practices because of the various advantages associated with them in pain elimination. Besides, NHs should come up with ways of addressing structural barriers such as lack of adequate staff and staff turnover in jobs as they inhibit the adoption of evidence-based practices.
### Appendix A

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Study Purpose</th>
<th>Study Design</th>
<th>Study Subjects</th>
<th>Data Analysis</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Swafford, K. L., Miller, L. L., Tsai, P. F., Herr, K. A., &amp; Ersek, M.</td>
<td>To carry out literature synthesis of published articles focusing on pain management with an objective of providing clinical recommendations for the NHs.</td>
<td>Quasi-experimental design</td>
<td>patients</td>
<td>70% of the articles used were QI projects</td>
<td>The study reported 41% decrease in patients experiencing pain with interventions as compared to 12.1% decrease in patients with pain with no intervention facilities.</td>
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<tr>
<td>Jablonski, A., &amp; Ersek, M.</td>
<td>To determine the degree of adherence of the nurses to the current evidence-based practices of pain management and assessment.</td>
<td>Randomized controlled trial (RCT)</td>
<td>NHs residents, nurses</td>
<td>The age range of the participants was 67-103 years, mean age=6.6 years, SD=7.76 years, women formed the majority of the participants with prevalence rate of 81% with 94% composed of White non-Hispanic</td>
<td>The adherence of prescribing practices to evidence-based practice guidelines was much higher as compared to the assessment practices.</td>
</tr>
</tbody>
</table>
and 61% widowed.
| Ersek, M., Neradilek, M. B., Herr, K., Jablonski, A., Polissar, N., & DuPen, A. | To determine algorithms of pain management which can assist in implementing evidence-based practices in nursing homes. | RCT | NHs residents. | The study reported that the combination of a series of algorithm with intensive strategies for enhancing the use of evidence-based pain assessment and management practices is not more effective as compared to the efficacy of basic education in |
reducing pain among the older adults.
| Ersek, M., & Jablonski, A. | To investigate the facilitators and barriers towards the adoption of evidence based practices in NHs. | RCT | NH staff | Structural factors such as lack of adequate staff and staff turnover inhibit adoption of evidence-based practices. On the other hand, structural factors like instituting extensive policies of pain management, and process such as educating the
staff encourage the adoption of evidence-based practices.
References