

Promoting Evidence-Based Nursing Practice in DISABILITIES MANAGEMENT

Validation of advanced nursing practice domains through review of the literature

So often nurses are asked to provide evidence that services delivered reach their target and meet the needs of clients. Here I present the literatures reviewed in preparation for the evaluation of the RDNS Disabilities Service. This service supports people with a severe and multiple disability living in their own or community homes. Three Clinical Nurses Consultants, Disabilities, provide the service. Collaboratively, we identified six key specialist practice domains. These are: (1) continuity of care, (2) advanced clinical practice, (3) education/credentialling, (4) personal and professional attributes, (5) primary health care and (6) normalisation. I then undertook a review of the literatures as part of the evaluation and believe it is important to share these findings as they may apply to other specialities, and guide our pathway to a Nurse Practitioner role in the future.

Specialist Nursing Practice Domains

(1) Continuity of Care

This domain underpins service delivery as emphasised in the work of Whyte, Baggaley and Rutter (1995) who discuss the link between hospital and home. Carers state that availability and accessibility of the nurse are important issues (Harris 1995; Whyte, Baggaley & Rutter 1995). This domain encompasses all those aspects that impinge upon quality and continuity of the care delivered to the person with disabilities. It is the continuity of thoughtfully approved planning and care which determines the safety, comfort and quality of life of these dependent people. It covers access, equity and prompt service delivery in a case management role, and coordinating services and carers involved with each client, as well as advocacy for the family.

(2) Advanced Clinical Practice

Only papers exploring the practices of the community nurse and of those working with people with disability were reviewed. It is argued that the specialist nurse has an advanced knowledge and skill in a specialised area that benefits the person with the disability and the carers (Maggs and Laugharne 1996). There is support from the literature that the advanced skills of specialist nurses foster early detection of and intervention into the identified problem areas (Doell Smith 1994). A study conducted by McMurray (1992) on expertise in community health nursing identified the following characteristics of an expert nurse: knowledge; empathy; appropriate communication; holistic understanding; an ability to get right to the problem at hand; and self confidence in perceptions, judgements and intervention strategies. Harris (1995) identified a client centred approach by a nurse who acts autonomously and assumes full responsibility for the quality of care given.

This includes knowledge of technical equipment and procedures.

(3) Education and Credentialling

Families see the visiting nurse as a resource person (Doell Smith 1994) and accurate information on using equipment and how and what to monitor are identified in a study by Fleming et al (1994). The families surveyed by Whyte (1992) saw the provision of information as important. Parents with older children with disabilities identified the need for information in non-technical language about their adult child's disability, medical aetiology, prognosis and problem solving. Other educational areas identified by parents were knowledge and accessibility of community resources and services (Gates and Wray 1995). Education or credentialling programs for care workers was seen as important in the literature to ensure safe care delivery for people with disabilities. Bratt & Kirby (1995) state that staff who do not have theoretical models to guide them, and instruction in relevant practical skills, will at best be ineffective and eventually become demoralised. McKenzie (1983) discusses which aspects of care carers can safely carry out. There is a requirement for in-service programs that give carers the skills and knowledge to meet the needs of the person with the disability (Burggraf & Barry 1995).

(4) Personal and Professional Attributes

Whyte (1992) identified the need for community nurses to have good interpersonal skills. Nursing support involves a complex blend of information giving, befriending, family counselling and advocacy. The responsibility of the nurse to act as an advocate for the client is emphasised in Burdekin (1995) and Lawrie (1995). Drage and McNally (1995) argue the importance of enabling self-advocacy and for speaking up for people who cannot speak for themselves. A respect for individuality and sensitivity to the needs of the person and carers were essential professional attributes (Weeks 1995; King and Cheatham 1995; Harris 1995). In a study by Lookinland and Anson (1995), attitudes of registered nurses and health career study students were investigated and showed that experienced nurses were less likely to hold negative attitudes.

(5) Primary Health Care

The principles of health education, early identification of disease and working with entire families rather than the individual were acknowledged. Lindsey (1996) conducted a study investigating the meaning of the experience of feeling healthy for people living with a chronic illness and/or disability. The results show people can experience wellness in the midst of chronic illness and disability. Harris (1995) discusses the importance of assisting an individual to reach their maximum level of health, function, independence and self-esteem.

Burggraf and Barry (1995) write that long term

community care requires the social and professional contributions of nurses, not only through the delivery of primary health care services but also in health teaching and promotion and prevention of illness. Incorporated is a wider definition of health to include social health. This means redefining health away from the limits of the medical model toward social health and primary health principles. There is a need for easy access to health care for people with disabilities that are specific to individual needs (Beange and Bauman 1990).

(6) Normalisation

According to the nursing literature, the philosophical tenet of normalisation underpins all service delivery to people with disabilities and is aimed at countering the stigma given to a person with a disability. Wolfensberger (1983) states that services to people with disabilities must be inclusive and more responsive to individual needs. In terms of risk management, good practice balances the inherent tensions between promoting ordinary living and safety. King and Cheatham (1995) inform nurses about their responsibilities under the Americans with Disabilities Act, to ensure equal access to health services and health education

The research findings of Knafl and Deatrick (1986) and Deatrick, Knafl and Walsh (1988) show that parents often have a conscious strategy to treat their child with a disability as a normal member of the family. Normalisation in this context, is described as a constant process of active accommodation to the changing physical and emotional needs of the child or adolescent. Nurses can better help the family if there is an insight into how the family responds to the person with a disability.

What we found

As consultants working in the disability field, reviewing the literature was a valuable exercise as it allowed us time to reflect on our practice and articulate our role clearly. Identifying the key practice domains helped us illustrate the complexities and diversity of what we do. This then enabled us to articulate the project objectives for the evaluation design. The review of the literature validated the identified practice domains in the disability field. We believe that domains identified are relevant to other specialist practitioners. Through this review process, we have been able to articulate our advanced clinical practice role and gained a greater understanding of what we do and why. It has been a rewarding experience.

The evaluation of the disability service was carried out in 1998. The full report "Evaluation of the RDNS Disabilities Service" (Koch, Tooke and Marks 1998) is available in the RDNS library or contact Natalie, email: howard.natalie@rdns.sa.gov.au

Further reading

Koch T, Marks J, Tooke E (2001) Evaluating a community nursing service: listening to the voices of clients with an intellectual disability and/or their proxies, *Journal of Clinical Nursing*, 10: 352-363

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