

Annotated Bibliography

Stage 1.

According to Usher *et al.* (2008) reflection can be seen as a method of reflecting on current practise that emotionally impacts on the mind of oneself furthermore allowing one to learn from experience thus improving future practise. Hancock (1999), states that reflection originates from the word “reflectere” meaning to turn backwards and reflect on what has happened.

For this annotated bibliography I will be using Rolfe *et al.*'s (Cited by Morrissey and Callaghan 2011) framework for reflective approach which consists of three stages which will guide me in my annotated bibliography.

Under the School of Matrix (School of Nursing and Midwifery 2013) my issue fell under the topic “other” under the Intellectual Disability heading. I am an intellectual disability student and I work with individuals ranging from mild, moderate, severe and profound intellectual disabilities (I.D). According to WHO (1993) cited by Gates (2007) an intellectual disability is portrayed as “a condition of arrested or incomplete development period which contribute to the overall level of intelligence, that is cognitive, language, motor and social abilities” (p.8). I’m interested to learn about individuals with an I.D obtaining acute care in general hospitals and also the experience they gain from it. During my general placement I observed individuals with an I.D and noticed that their needs were not being met adequately in the hospital environment.

I decided to explore this issue because during my general placement I observed a man with severe I.D who was admitted to hospital. He appeared to be anxious and uncomfortable in his new environment. Loud noise and crowds would result in him feeling more anxious and scared. Healthcare staff did not use efficient communication with him and avoided informing him about his health. It became apparent that he wasn’t being treated fairly and his needs were not being met as they should have been.

Stage 2.

The reason I have chosen this issue is because I understand that the generic population being admitted to a hospital setting can be a frightening experience, but what is more important is that the I.D population may be more vulnerable in a hospital setting. They may find it hard to understand what is going on and may not feel involved. They could be excluded from receiving adequate information in relation to their health, furthermore feeling confused and uncertain about what is going to happen. They may also feel like they're not gaining appropriate attention in a hospital setting. I believe that this issue is relevant as people with an I.D will be admitted to hospital once or more than once at some point in their lives and think that they should be accommodated and treated according to their unique needs.

Stage 3.

In order to find the literature that was needed for my issue I first used Cinahl database and used key terms such "learning disabilities", "hospital" and "inequality" and retrieved 29,971 citations. Consequently I found relevant articles that related to my problem but they did not fit the assignment criteria as they were not research studies. I then used Google Scholar database and used key terms such as "learning disabilities", "experiences" and "general hospital" and retrieved 137,000 citations. Furthermore I found three articles that were most relevant to my problem and decided to use them for my annotated bibliography (see Appendix One). Furthermore I was able expand on my problem which would allow me to formulate a statement or question that I could study. The chosen question is: Does care adjustments need to be made for the I.D population entering general hospitals?

After conducting this search it is evident that although I found a small number of articles it can be said that there is a lack of literature on my chosen topic. The chosen articles that were most relevant to my topic are recognised as being a mix of quantitative and qualitative studies. One paper focused on adults with cerebral palsy during hospitalization and their experience in Australia (Bount *et al.* 2002). The other two papers explored how individuals with an I.D are poorly communicated and interacted with during hospitalization, resulting in these individuals themselves feeling unsafe and vulnerable in America and Australia (Avery *et al.* 2012) & (Chandler *et al.* 2004). I have chosen these

articles from different international backgrounds to show different perspective on my topic. I will critique these three articles using Coughlans *et al.* (2007) qualitative and quantitative critiquing guide which will help me understand my bibliography topic.

Avery C., Haynon P. & Smeltzer C.S. (2012) Interactions of people with disabilities and nursing staff during hospitalization. *American Journal of Nursing* **112** (4), 30-37.

This paper being the most recent out of the three studies carried out. It investigates the views and experiences of individuals with disabilities during hospitalization. Thirty five individuals with various forms of disabilities were asked to participate in a study which involved them being interviewed in six focus groups. The individuals involved were included in a semi structure interview in which they were asked to discuss their experiences and views in relation to their hospital stays. The discussions of these individuals were recorded, transcribed and also validated to ensure accuracy. An analysis was formulated using recordings of the discussion hence identified and divided into four major themes.

The title of the study clearly outlines the purpose in 10 words (Coughlan *et al.* 2007). A clear overview of what the aims, type of method used, results and conclusion were concisely stated in the abstract. The authors used a framework based on "Goodall's "interface model" of disability (p.31) which focused on the social model of disability whereby disability is seen as a deviation from the norm in society. The development of this model was derived due to the limitations of the medical model, which looked at people with disability as a form of disease. In relation to the method chosen the participants were asked to discuss their experiences and elaborate on these, if needed by the interviewers. Thirty five individuals took part in the focus groups at three recruitment sites consisting of 25 women and 10 men with disabilities. Twenty six of these participants were white and 9 were African American which demonstrates different backgrounds of the individuals however, women are excessively represented in contrast to men which results in a sampling error (Coughlan *et al.* 2007). Thirty out of 35 of the participants gave their age therefore the mean age was 49.9. Participants involved in the study ranged from mild to moderate cognitive disabilities, physical disabilities, and individuals with cerebral palsy. Five of the participants did not fit in well in the study as

they could not elaborate when asked for more detail on their experiences. It can be stated that ethical approval was gained in relation to the study (Coughlan *et al.* 2007) hence the study was approved by the institutional review board from the author's university, participants also gave written consent. The results of the discussions were analysed and illustrated in four themes such as "poor communication on the part of the nurse", "compromised care or lack of competence of providers", "negative attitudes on the part of nursing staff" and "participant's fears related to quality of care" (p. 32). It can be said that undergraduate students showed more of a negative attitude compared to other health care professions. The study also emphasises that the nursing curriculum lacks attention to disabilities and that the focus is on addressing issues through implementation of education programmes continuing education for staff and staff development.

Blount D., Buzio A. & Morgan J. (2002) The experience of adults with cerebral palsy during periods of hospitalisation. *Australian Journal of Advanced Nursing* **19** (4) 8-14.

The idea of this study was to recognise the experiences of individuals with cerebral palsy during hospitalization. Blount *et al.* (2002) are a team of experts employed in the Spastic Centre of New South Wales. The aim of the study was clearly indicated in the study title which included 11 words (Coughlan *et al.* 2007). A literature review was conducted followed by a pilot study therefore the main study involved individuals aged 20-70 years, who had cerebral palsy (C.B). It had one or two admissions lasting more than two days and had informed written consent by the person responsible for those individuals. The questionnaires were advertised via newspapers and fliers with details of the project and were sent to Spastic Centre services and external disability organisations. Packages included consent forms, information sheets, a questionnaire and also a reply-paid envelope. Thirty nine individuals were recruited but 31 was the final sample size for the study. Ethical considerations were evident in the study (Beauchamp & Childress 2001). An easy format questionnaire was provided for individuals such as yes/no questions and multiple choice questions. The results of the qualitative data were assigned into positive and negative responses and identified in various themes and were displayed as demographic data (p. 11). The results were displayed using table and percentages.

Out of the 31 participants 18 of those were male and the female participants were not stated in the study but it is obvious that the female participants were 13, which indicates male are over represented in the sample resulting in a sampling error (Coughlan *et al.* 2007). Thirty respondents were aged 20-59 years which showed variety of age. All the participants had C.B with various forms of I.D which included visual, physical, hearing, communication and intellectual. The findings of the results stated that individual's needs were not met by hospital staff and nursing staff lacked knowledge and skills to care for individuals with C.B. Staff were reported as having no time or patience for these individuals and did not attempt to utilise good communication skills with these individuals e.g. using an augmentative communication device. The environment was not adaptable or suited to the individuals, and discharge plans were very poor on behalf of the nurses. Limitations of the study were significant as individuals who had negative experiences may have been more motivated to take part in the study. It is evident that the researchers have made relevant suggestion in relation to future research such as conducting research on nursing staff's perceptions, experiences and knowledge in relation to I.D (Meehan 1999).

Chandler N., Davis R., Humphneys J. & Iacono T. (2004) Provision for country people with developmental disability: an Australian perspective. *Research in Developmental Disability* **25** 265-284.

The purpose of this last article was to identify how health service provisions were provided to individuals with I.D from rural/regional towns. The data were analysed into themes resulting in findings that health care providers showed poor attitude and lacked knowledge towards individuals with I.D. Interviews were conducted to individuals with I.D, health professionals, GP'S and data findings in the study were represented by "thematic analysis" (p.268). A qualitative methodology was used in this type of study.

This research study supports my bibliography subject as it identifies that health care professionals obtained a negative attitude towards individuals with an I.D and lacked the expertise and knowledge about I.D. It also highlighted that communication problems were evident in the study in relation to assessing individuals with I.D and managing care. It can be said that the study title consists of 13 words and it clearly indicates the aim of the study (Coughlan *et al.* 2007). The abstract does not give a clear overview of the study

but highlights the methodology used and recommendations. A literature review is evident in the study including an objective which aims to seek key priorities in relation to the delivery of care to people with an I.D (Coughlan *et al.* 2007). The theoretical framework was absent in this study which shows that the researcher does not use an existing theory to direct this study (Glaser & Strauss, 1967). The method has been identified in the study. Participants consisted of adults with an I.D, early intervention staff, and parents of individuals with I.D, school education staff and health professionals which were recruited in rural towns in each state of Victoria, South Wales. Focus groups were also present in the study and interviews were carried out with all participants. The numbers of participants and sample size was also displayed on the table chart in the study (Table 1, p. 268). Data of the interview was recorded via audio-tapes and transcribed in text files. This study shows that ethical considerations were not identified in this study as there is absence of an ethical committee or institutional review board approval (Coughlan *et al.* 2007). The findings of the study emphasized there was negative and poor outcome in the hospital environment whereby nurses and doctors failed to give adequate attention to individuals with I.D. This therefore resulted in the lack of care for the individual with I.D. Negative attitudes between healthcare professionals resulted from their lack of knowledge and understanding of individuals with I.D. This was present in the findings but in contrast, positive attitudes were recorded in three interviews. Other findings included dependence on support workers during hospitalization, poor communication with individuals and funding. The study also highlights strategies to reduce tension between people with I.D and recommend stress resources for each group, the health care professionals, and individuals with I.D support worker.

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Appendix 1

