Final Paper: Evidence-based Practice Project Proposal.

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Evidence-based Practice Project Proposal-Final Paper.

Introduction

The complexity of the mental problems that mothers of children with ASD have developed has led to increased stress among them. Mothers of children with ASD are at risk for mental health issues due to inadequate coping mechanisms and lack of awareness. As the population of ASD increases, this evidence-based practice project proposal focuses on providing mothers with a secure and effective stress intervention, particularly for the frequently unmanaged mental health. Therefore, this paper aims to thorough give an overview of all necessary aspects of intervening on stress among mothers of children with ASD. This paper will overview the problem statement and discuss CHI's organizational culture and readiness to implement MBSR intervention for mothers. It will also summarize the literature review, discuss the change model to alleviate mothers' stress and discuss the implementation and evaluation plans.

Problem Statement

The project is based on the PICOT question: "In mothers of children with ASD aged 2-10 years (P), how does using mindful-based stress reduction (MBSR) to manage stress levels (I) compared to the use of nutrition or supplements (C) improve their mental stability (O) within six months (T)?

Organizational Culture and Readiness

Catholic Health Initiatives CHI is committed to delivering high-quality healthcare to all, particularly children with autism, and stress management therapies for mothers of children with ASD (Canopy Health, 2018). It also aims to promote healthy societies and ensure everyone access high-quality care.

Organizational Readiness Tool

The instrument that will be used to assess CHI readiness and openness to making changes to lessen mothers' stress is the Organizational Readiness to Change Assessment tool ORCA. This tool is the most appropriate for the problem statement because it brings awareness to the achievement gap between the present levels and the aspired stages. This could bring satisfaction with the existing condition, the perception of a preferred future course of events, and confidence in the capacity of the healthcare facility to attain the intended turn of events (Ost et al., 2020). If members of the organization value it more, they will be more willing to participate in the activities associated with the change and be more ready to implement it. The fact that it takes time and possibly provokes resistance among personnel are potential obstacles that could be encountered in the facility regarding ORCA. Therefore, the project must be presented before the end of the year for the appropriate preparations to be performed before its launch the following calendar year. A strategic plan, a vision, the skills, and the incentives necessary to enable the facility to concentrate on making the change are the assets that are required (Ost et al., 2020). It is evident that an evidence-based approach will be supported and perpetuated by the readiness and culture of the firm and will have a greater chance of success.

Quality Improvement

Implementing Transtheoretical Approach (TTM) will enable CHI to assist patients diagnosed with ASD in moving through the six stages of development deliberation, planning, execution, resistance, and finality (Ritchie and Straus, 2019). This approach encourages the study of an individual's current stage of change and considers relapse while examining a patient's progression toward recovery (Ritchie and Straus, 2019). The approach entails upgrading, coordinating, and monitoring progress to decrease or prevent waste while enhancing the level of

care; mothers can also utilize it in their residences and the facility. A recommendation would be to apply various continual process-improvement approaches to determine inefficiencies, poor maintenance, and preventable errors to influence system improvements because errors are caused by system or process faults.

CHI Readiness Strategies

Assessing all of the improvements that are proceeding effect within the firm is a method that could be used successfully to examine their readiness strategies (Schaefer and Welton, 2018). For instance, a readiness checklist will enable the company to evaluate how or where the reforms are affecting, such as the different units, and develop a schedule illustrating the progression that has been accomplished with each change attempt (Schaefer and Welton, 2018). By utilizing this checklist, the facility can assess when it will be most advantageous to implement ORCA for a particular unit. This can be achieved by starting with a group that satisfies both the need for the change and the ability to successfully manage the process of transitioning into the new environment.

Stakeholders and Team Members of the project

For the evidence-based strategy to be successful, it will significantly rely on the contributions made by all of the stakeholders and participants of the implementation team. The company's leadership is a part of the internal team, and they will play a vital role in ensuring the necessary structure, supervision, financial backing, and other resources necessary to implement the change effectively. The most important members of the team and stakeholders are the medical staff, specifically the doctors and nurses. To complete the project successfully, the team must carry out their accepted duties as internal stakeholders. Patients and government

representatives are two examples of external stakeholders. Their cooperation is required if one wishes to successfully impact the beliefs and perceptions of other people about the change.

Technologies Required

EHR and telehealth are critical technologies that are essential to healthcare systems. Consequently, the combination of EHR and telehealth will be highly advantageous to CHI because it will assist in streamlining the organization's activities (Solomon and Soares, 2020). Implementing these technologies will improve health results, make communication more accessible, and eradicate inconsistencies in maintaining patients' information. The technologies will enable practitioners to utilize interconnected, diverse techniques, such as patient portals, to cut down on time spent waiting for clinic appointments and enhance processing for mothers. The technologies will reduce the number of expensive and perhaps harmful interventions that are unnecessary for the mothers due to the ability of AI to monitor patients remotely.

Literature Review

The purpose of the literature search was to locate papers peers had reviewed that addressed the PICOT question. The project focused on evidence-based practice by selecting and analyzing eight research articles. MBSR, mothers of children with ASD, parents' experiences, coping strategies of parents with ASD children, nutrients, supplements, and stress were common keywords used as inclusion criteria for the articles. The use of keywords was necessary to improve the search and narrow the results to include publications that discussed PICOT. The study evaluated eight articles for use in the evidence-based practice project to understand and solve the problem statement.

Literature Review Synthesis

The first article was titled "Effectiveness of Mindfulness-Based Stress Reduction Therapy among Parents of Children with Autism Spectrum Disorder" by Govindasamy et al. (2022). MBSR and mothers of children with ASD were the primary keywords in this article. The article's findings showed that MBSR intervention successfully improves the mental health of mothers of children diagnosed with ASD. The second article, "Understanding Stress in Parents of Children with Autism Spectrum Disorder," written by Iadarola et al. (2019), illustrates that parents of children with ASD have a high level of stress, which affects both the child and the family's treatments. The most prominent themes that emerged from the research were anxiety and the challenges faced by parents of children with ASD. The article uses a conventional interviewing method, which improves the source's dependability, validity, and appropriateness. The article's findings confirm that providing care for children with ASD is stressful for caregivers, disrupting families' normal functioning.

The third article, "Specific Nutrient Intake via Diet or Supplementation Concerning Female Stress: A Cross-Sectional Study" by McCabe et al., 2020), investigates the relationship between the amount of specific nutrients consumed through diet vitamin supplements and the level of stress experienced by women. A cross-sectional study was used in the research, and its findings demonstrated that consuming certain nutrients helps females feel less stressed. The fourth article Mothers' Experiences and Challenges Raising a Child with Autism Spectrum Disorder: A Qualitative Study" by Papadopoulos (2021), investigates the experience of mothers in Greece who have children with ASD. Mothers' difficulties raising children with ASD serve as the article's primary focus and keywords. The interpretative analysis and semi-structured interviews employed in the research demonstrated that families having children with ASD

frequently endure emotional, social, and economic problems (Papadopoulos, 2021). The burden of caregiving and the stress it causes are felt most acutely by mothers due to the stigma associated with the condition.

The fifth article, "Parents' Voices: Experiences and Coping as a Parent of a Child with an Autism Spectrum Disorder," was written by Reddy et al. (2019). The author's goal was to understand better parents' actual experiences and strategies for coping with children diagnosed with ASD (Reddy et al., 2019). The experiences of parents and the coping mechanisms used by parents of children with autism spectrum disorders are the keywords. According to the paper's findings, caring for children with ASD is related to several challenges. The strain that comes with taking care of their children might be difficult to manage for parents of children with autism spectrum disorder (ASD). The data also show that the provision of a buffer to families is beneficial to the overall health of the families. The sixth article, "Parenting Stress in Autism Spectrum Disorder May Account for Discrepancies in Parent and Clinician Ratings of Child Functioning," by Schwartzman et al. (2021), analyzes the levels of stress experienced by one hundred parents of children with ASD. The terms "parenting stress," "autism spectrum disorder," "discrepancy," and "child functioning" are used throughout this text as keywords. According to the study's findings, two of the most significant challenges parents of children with ASD face are behavioral and social dysfunction (Schwartzman et al., 2021). The fact that the stress levels of the parental and clinical caregivers were closely associated demonstrates that caring for children with ASD is a demanding activity in and of itself.

The seventh article, "Effectiveness of Parent-to-Parent Support Group in Reducing Anxiety and Stress among Parents of Children with Autism and Attention Deficit Hyperactivity Disorder," by Sharma et al. (2022), determines the level of anxiety and stress experienced by

parents of children with ASD and ADHD. Additionally, it intends to determine whether or not the peer-to-peer support group for families with children who have ASD or ADHD is successful in reducing the levels of stress and anxiety experienced by those families. The keywords are the efficacy of parent-to-parent group therapy, anxiety and stress reduction, and the challenges parents of children with ADHD and autism face. According to the findings, parent-to-parent support groups help reduce stress and tension levels in the parents of children with ASD. The eighth article, "Challenges of the Carers in Managing a Child with Autism Spectrum Disorder – A Qualitative Analysis," by Tathgur and Kang (2021), investigates the challenges caregivers of children with ASD face. The keywords were challenges, caregivers, and managing a child with ASD. Interviews with a semi-structured format were employed for data collection. The results revealed that carers of children with ASD face various mental health challenges in their work.

Change Model, or Framework

The change model uses well-established scientific truths to ensure a change that is successful and easy to implement. The desired change can be accomplished if the utilized model or framework gives precise ways and instructions. As a result, the Johns Hopkins Evidence-Based Practice Model will be studied in conjunction with the mindful-based stress reduction (MBSR) technique to reduce mental stress experienced by moms and carers of autistic children.

John Hopkins Evidence-Based Practice Framework Relevance to ASD

The Johns Hopkins Evidence-Based Practice JHEBP is pertinent to mindful-based stress reduction (MBSR) because it makes it possible to identify any potential objections to the validity of the study findings. Additionally, it provides information required to formulate informed opinions of the quality of the evidence provided. Therefore, the model will enhance the quality

of care by determining and carrying out the most successful courses of action and treatments, making use of an efficient instrument to steer alterations at personal and group levels for caregivers of children with ASD (Tucker et al., 2021). The framework aligns with the paradigm since it aims to recognize and reduce mental stress among moms with autistic children, eventually resulting in improved health outcomes (Tucker et al., 2021). Therefore, implementing the Johns Hopkins paradigm to the evidence-based practice will make it easier for modifications to be made. This is because it will solve a clinical problem, lowering stress levels among ASD patients and carers and allowing for earlier diagnosis.

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JHEBP Stages

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The JHEBP paradigm implementation takes a varied method involving a distinct phase: the practice question phase, the evidence phase, and the transition phase (Dang et al., 2021). The first thing that must be done to adjust is to develop and improve the PICOT question used in my previous work. The question that was asked was, "How does employing mindful-based stress reduction (MBSR) to control stress levels (I) compared to the use of nutrition or supplements (C) improve their mental stability (O) within six months (T) in mothers of children with ASD aged 2-10 years (P)?". To answer the question, the first phase entails identifying the preexisting health problem and the mental stress level in autistic patient caregivers and creating the instruments and a team to assist the intervention for both patients and caregivers. In addition, the efficacy of the intervention will be assessed throughout the second phase (Dang et al., 2021).

The second step of the process is called the evidence stage, which consists of looking for, assessing, and integrating evidence from various sources. This would involve recognizing the stresses that ASD patients and caregivers feel, as well as the ways they use to cope with the issues they face. The approach that provides an answer to the PICOT question, which educates

change implementers before the beginning of the transition, is the one that is seen as the most suitable for collecting the best available evidence (Dang et al., 2021). The very act of transitioning is the very last stage. It requires writing and carrying out an action plan, analyzing the results of the plan's implementation, and conveying the findings to the right employees within the health facility. In this process phase, the change will be accomplished by giving specific roles to autistic caregivers to make the transition as seamless as possible (Stofer, 2019). The evidence-based practice tool provides fundamental principles that must be followed precisely to foster cohesiveness and ensure the effective implementation of changes.

Integration of JHEBP

The JHEBP stages must be completed for effective MBSR intervention (Appendix 1). The first step will involve formulating the practice question to address the health need and developing an expert team to assist in executing the change (Stofer, 2019). Additionally, giving the team an overview of the healthcare requirement to convince them that there is an immediate need to research other approaches will be affected. More specifically, increasing the number of individuals aware of the mental stress that autistic patients' carers experience will help improve detection and intervention (Speroni, McLaughlin, and Friesen, 2020). During the second evidence stage, the team members search for evidence offline in library databases and online in research-based journal articles to track down a wide range of material that supports the objective. Afterward, there is a review of the material gathered to identify the most relevant sources. The team is ready to apply the conceptual framework for evidence-based practice to the plan's implementation.

The third stage involves devising and putting into action a plan by entrusting its implementation and management to people who would be assisting the change (Speroni,

McLaughlin, and Friesen, 2020). After that, a systematic analysis of the progress and sharing of the findings of the levels of mental stress observed in the mothers and caregivers is necessary. In the decision-making, the participants are encouraged to participate in alternative therapy, which may include creative pursuits such as music, yoga, and meditation. This will increase public awareness of mental stress levels among mothers with autism to facilitate quality of life for both mother and autistic child. The model shows that it is vital to persuade the mothers to change their ideas and behaviors toward their condition to better cope with their children because it is unlikely that they will be able to do away with stress while raising children with ASD (Stofer, 2019). Mothers of children with ASD benefit from taking their minds off of having to raise children with ASD and dealing with the children's emotional imbalances when they participate in physical activity. In addition, there is support for the data provided through various mechanisms that ensure that essential information is accessible. The primary responsibility of the nurses is to keep track of the long-term outcomes associated with the participants under their care and ensure that the data obtained is as detailed as possible.

Implementation Plan

The evidence-based practices will include many phases, each of which needs to be carried out accurately if the project is to be finished effectively and obtain the most outstanding results. Benefits of having the plan include providing a road map, direction, and organization for the project; all things will be made possible by having a strategy in place.

The setting and access to potential subjects.

ASD condition makes it difficult for patients and mothers with children with ASD because they often lack information on how to manage it. The Centers for Disease Control and Prevention (CDC) forecasts that by the age of eight years, autism spectrum disorder should have

been diagnosed in one out of every 42 children (Coury et al., 2020). Although there is a cure for autism, early diagnosis and intervention can still assist a child in evolving to their full potential. Providing care for children who have been diagnosed with autism spectrum disorders and helping the mothers of such children in coping with the challenges associated with parenting are two essential aspects of nursing practice that are relevant to children with such disorders. As a result, the Public Health Department, responsible for providing services to the community, served as the setting for the research sample. This department offers mothers access to a variety of practitioners, such as psychologists, who assist in recognizing and coping with the symptoms of ASD in their children (Coury et al., 2020).

Timeline

During the first two months, the implementation plan embarked on conducting research and sending a proposal to the board of the health department as well as any other relevant stakeholders. Communication with many stakeholders is necessary to win support and obtain consent to promote change acceptability (Tucker et al., 2021). After the proposal has been approved, coaching and academic growth will be continued with linked institutions during the investigation. After the initial discussion with the stakeholders, an action plan, a scholastic overview, and supporting materials are developed for usage within a month. The person in charge of facilitating the research will collaborate with others interested in the investigation to choose participants for the study and obtain consent. At the monthly meetings, the team will collect data and discuss the outcomes, as well as the benefits and drawbacks of the project. (Appendix 2).

Budget and Resource List

Educators will engage closely with parents as part of the program designed to promote parental knowledge of ASD and assist parents in improving their decisions regarding their own and their children's health. The project calls for various resources, including instructional materials about health. The topics of healthy nutrition and mental awareness are addressed in the handouts, recommendations, and reference material included in these materials (Stofer, 2019). After receiving permission from all stakeholders and finding a way to harmonize with them, acquiring financial support for various resources will be much simpler. The utilization of technology for presentation and training is an extra resource. For this change program to be successful, various resources will be utilized extensively. The section on human resources is an essential part of the necessary resources (Speroni, McLaughlin, and Friesen, 2020). In this context, recruiting qualified and sufficient public health employees and other healthcare specialists ensures that the program is carried out effectively and efficiently to achieve the best possible results (See appendix 2).

Methods and Instrument

MBSR was implemented to help mothers manage their stress. Children with ASD and their parents are the target audience for this therapy application. Typically, the MBSR program will meet weekly for eight weeks (Stofer, 2019). The total time allotted for each session is three hours. Each session starts with a professional instructor leading participants through a specific mindfulness exercise, which they then put into practice as a group. Participants in MBSR sessions work to build a greater understanding of the children's conditions and how they deal with them (Stofer, 2019). As a consequence of their enhanced awareness, participants' overall

tension and emotional response, as well as their need to feel tranquil and more at peace, should be decreased. (Refer to appendix 3).

OneNote, which will be used for preserving and organizing notes, will be used to document the plan's results and the participants' questionnaires. Because the app provides an open file format, it will be possible to structure the notebooks so that they correspond to the facility's research, and it will be possible for a variety of individuals to enter their input without interfering with the work of other individuals (Ost et al., 2020). This will be possible because the app allows people to change their input accordingly. The software enables the team to select the notes they want to add to their dataset. People will not be required to have the original software to open the files, and the files will remain readable even if the software becomes obsolete. This will allow for the continued availability of the strategies and data collected as well as the change of the plan. The team may also use Colectica for Excel, which will enable the calculation of the expenses that are being used for the project

Challenges to Implementation Plan

The participants of the MBSR therapy could be conscious of emotions, feelings, recollections, or perceptions they were previously ignorant of, which presents a barrier. Consequently, they may experience intense emotions like grief and fury. The COVID-19 epidemic's aftereffects are the main barrier to this program's successful deployment (Speroni, McLaughlin, and Friesen, 2020). Due to these impacts, people find interacting with large groups of strangers'diffcult. Since the researcher will not be able to travel and meet with the participants to collect the data, the process of offering in-person training and seminars will probably be limited as a result. The appropriate people will be supplied with films to address this problem,

and the researcher will receive survey feedback. Interviews and video conferences will also be used to get the relevant information.

Evaluation Plan

Data collection

Many methods for gathering qualitative and quantitative data, including questionnaires, observations, recordings, and interviews, were considered to evaluate the implemented tools and strategies. Data will be collected using charts, and an auditing tool will be the three-hour package's stress management guidelines. It will assess various factors, including how each parent dealt with their child's breakdown individually. Each variable's response choice will be offered so that participants can thoroughly comprehend their methodologies and know what to include or remove. In particular, chart data will be checked to ensure compliance with the early intervention, a three-hour session before nursing instruction (Tucker et al., 2021). The same data will be aggregated and examined to ascertain whether the instruction was adhered to precisely. After that, the data will be analyzed to see if this approach has enhanced policy and control observance before and after using all education and intervention.

Statistical Test

Through the application of statistical analysis on a survey that the nursing staff filled out, it will be possible to ascertain the mothers' awareness and interpretation of the situation. The survey will be sent out before the initial training, and this will enable a baseline to be set for the expertise of psychologists. Future research will compare the results of the original survey with the understanding and awareness of the psychologists after a specific amount of time, post-education and in-services (Stofer, 2019). A paired-samples t-test is a statistical test used to compare average results for the same group of people on two different occasions. One

continuous variable, the methods used by mothers of children with ASD, measured on two different occasions, and one categorical response variable, children with ASD mental breakdown, are the other two variables for a paired t-test (Stofer, 2019). This assessment will help examine the mother's stress coping mechanisms to establish whether there has been improvement and in reviewing the psychologists' survey results to ascertain how stressed they are.

The information obtained for the managing stress levels evidence-based practice project will be statistically analyzed using a straightforward linear regression testing technique. Researchers use this data analysis to measure the relationship between a single predictor variable and the factor that it relates to (O'Donovan et al., 2019). Simple linear regression is suitable for this research project because it focuses on just one independent and one dependent variable. The different components of the intervention plan are specifically the comprehension and application of stress management (O'Donovan et al., 2019). However, the dependent variable in this study is the result of managing stress. Additionally, focusing on specific elements enhances the quality of the collected data, making it more reliable when drawing conclusions from the study supported by evidence and developing appropriate action plans.

Maintaining Change

The program will continue through constant communication in person and via the internet. The program will establish a relationship and a long-term communication channel, expanding the program to cover the desired time, considering respondents' challenges while adjusting techniques (Stofer, 2019). Taking steps to address these challenges will elicit favorable responses and encourage the implementation of change. In addition, for the intervention to be successful, new information that the mothers lack will need to be incorporated and the changes

monitored through constant evaluation. The program will undergo continuous monitoring, and the results will be conveyed to the core committee responsible for monitoring compliance and keeping management up to date.

Conclusion

In conclusion, implementing MBSR as a method for effectively and appropriately managing the stress levels experienced by mothers whose children have ASD)is an absolute necessity to manage stress properly. Additionally, educational sessions are necessary since it is predicted that these interventions will improve stress management levels, raise the quality of life for both mothers and children, and offer helpful techniques to cope with stress. All these should be done with continuous analysis of costs and evaluation to monitor progress and note where to implement changes. Analysis of the various aspects of the project shows there is a potential that EBP will not be able to eliminate all of the challenges mothers face when caring for children with ASD. However, the approaches should emphasize improving the parents' capacity for coping with adversity and adapting to new circumstances. For parents to successfully lower their stress levels through appropriate coping techniques and other services, they must seek family-centered supporting services, including ongoing counseling. The parents could engage in group therapies to share their experiences which will help alleviate their stress and make enjoyable activities with their children.

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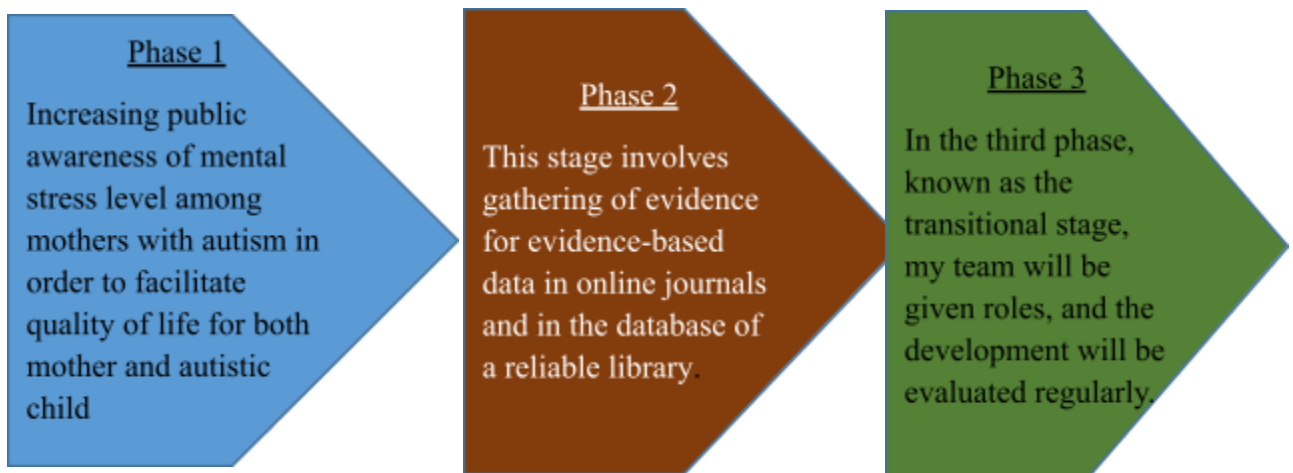   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6358647/

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Appendix 1: Concept Map

The diagram below is a concept map that illustrates the Johns Hopkins Evidence-Based Model

and shows how it may be used in mindful-based stress reduction practice.

Phase 1

Increasing public awareness of mental stress level among mothers with autism in order to facilitate quality of life for both mother and autistic child

Phase 2

This stage involves gathering of evidence for evidence-based data in online journals and in the database of a reliable library.

Phase 3

In the third phase, known as the transitional stage, my team will be given roles, and the development will be evaluated regularly.

Appendix 2: Timeline

Process	Proposed Timeframe
Research and presentation to the Health Department Board	Two months
Coaching and academic development with affiliated facilities	One month
Stakeholder discussion	One week
Action plan and overview discussions	One week
The project facilitator will work with interested parties to determine study participants and secure permission	Two weeks
Data collection and discussion of the project's advantages, disadvantages, and results will occur at monthly meetings	Two weeks
Finalization of Project	One week

Appendix 2: Budget and Resource List

Item	Cost
Public Health practitioners and psychologists in the project	$1200*10 $12000
Brochures, booklets	$1000
Parental education program animators	$1500*5 $7500
Miscellaneous	$500

Appendix 3:

MBSR sessions	Content of sessions
Week 1	Welcome and introduction of psychologist Ice breaker exercise Explanation conceptual framework and rational of MBSR for LBP Explanation of fundamentals of mindfulness approach Brochure given about mindfulness and all coming sessions
Week 2	Delivering the rational of effectiveness of mindfulness of breathing on reduction of pain Educating patients about two ways of practicing mindfulness of breathing (1-while formally sitting, 2-any time of day and anywhere) Practicing breathing mindfulness Mp3 cd provided for home practice (everyday 10-15 min)
Week 3	Delivering the rational of effectiveness of sitting meditation on reduction of pain Explanation and practicing sitting meditation Mp3 cd provided for home practice (everyday 15-20 min)
Week 4	Explanation of the body scan techniques benefit and rational in relation to LBP Practicing body scan step by step Mp3 cd provided for home practice (everyday 20-25 min)
Week 5	Explanation and practicing advanced body scan aimed to body as whole Mp3 cd provided for home practice (everyday 20-25 min)
Week 6	Explanation of walking meditation and rational of using walking meditation for LBP Practicing walking meditation Home practice (everyday 25-30 min)
Week 7	Explanation of how mindful living leads to reduction of pain Mindful living's instruction and exercises The participants choice to practice any mindfulness exercise daily
Week 8	Acknowledgment Summarizing sessions Feedback Posttest