



Relevant aspects of the management of Inflammatory Bowel Disease by specialist nurses. A synthesis of the evidence.

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Aim: To identify the available scientific evidence on relevant aspects of Inflammatory Bowel Disease (IBD) management by specialist nurses.

Materials and Methods: Systematic search about nursing involvement in the management of IBD in bibliographic databases (Medline, Embase, Spanish Medical Index (SMI), and the Cochrane Library) from 1999 to 2009, and grey literature (e.g., Professional Societies, Quality of care Agencies, Governmental Agencies) in English or Spanish. Inclusion criteria for documents: the document provides some relevant aspect on structure, process, or outcome of nursing care strategies addressed to IBD patients. If the reference could not be excluded reading the title, the abstract was read. If, after reading the abstract, the reference was not excluded, the full text article or document was obtained and read. To decide whether the article (or document) met the inclusion criteria, two researchers read the document independently. In case of discrepancy, the decision was made by consensus.

Results: Two hundred and thirty two titles were found in Medline, 33 in Embase, 6 in the SMI, and 1 in the Cochrane Library. Of this 272 documents, 73 could not be excluded by reading the title. Of the remaining 199 references, only 12 articles met the inclusion criteria after reading the abstract or full paper. Thirty four national institutions (e.g., professional societies), 3 international institutions (2 European), and 10 agencies of quality of care were identified in the grey literature. Six documents potentially relevant for the purpose of the study were obtained from all these institutions, of which 5 were included. The topics approached in the documents may be classified into three major categories: organizational, patient outcomes, and nursing competences. Seven documents mention organizational aspects in nursing (especially structure), 7 refer to aspects of patient outcomes, including quality of life, and 13 focus on competences, skills, or abilities of specialist nurses. Regarding the design or methodology, 6 studies use qualitative methodology, 3 are systematic reviews, 3 observational studies, 2 non-systematic reviews, 2 are standards of quality, one is an opinion article, and one is a clinical trial. Only four studies, with important methodological flaws, measured the effect of nursing interventions (3 observational studies and one controlled trial).

Conclusions: Although the available evidence illustrates the role of nursing in the management of IBD, no conceptual or operational definitions of organized forms of nursing care (e.g., nursing units) in the management of IBD were found. The scientific evidence on the effects on clinical outcomes and quality of life of patients with IBD attributable to nursing activities is scarce and affected by poor methodological quality. Studies that explore the existing organizational forms, nurse competences, nursing care strategies, and their effectiveness in the care of patients with IBD, should be carried out.

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