**Healthcare Paper**

**Part 1: Article Analyses**

**Qualitative Article**

Paterson, C., Ledgerwood, K., Arnold, C., Hogg, M., Xue, C., & Zheng, Z. (2015). Resisting Prescribed Opioids: A Qualitative Study of Decision Making in Patients Taking Opioids for Chronic Noncancer Pain. *Pain Medicine*, 17(4), 717-724. doi: 10.1111/pme.12921

The article outlines the use of the opioids as pain medications in chronic non-cancer cases. According to studies, such exposures of the patients to the opioids may trigger long-term addiction which might have dire effects on the health of the patients. Besides, the article points out that the patients’ decisions to use the prescribed drugs may vary significantly. The study is thus based on qualitative interviews conducted by a multiprofessional team using a sample of 20 patients. The study established that the patients require relief from chronic pain to regain functions. The study further established that resistance to the medicinal opioids was a common phenomenon in line with prior publications. The study concludes that both doctors and their patients were likely to resist the use of the medical opioids.

**Quantitative Article**

Jacox, A., Wetzel, J., Cheng, S., & Concheiro, M. (2017). Quantitative analysis of opioids and cannabinoids in wastewater samples. *Forensic Sciences Research*, *2*(1), 18-25. doi: 10.1080/20961790.2016.1270812

The study outlines that wastewater could be used for epidemiological studies on opioids exposure. According to the articles, individuals using opioids are likely to excrete the drug through urine or other bodily fluids, while traces of the drugs could also be determined in their feces. The study thus relied on an analytical method to determine the degree of exposure of the study population to opioids such as morphine, oxycodone, hydrocodone, oxymorphone, and hydromorphone. The waste water samples used were collected in triplicates to allow for multiple tests. Base on the analysis of the samples, it was established that waste waters had opioids thus suggesting that the individuals were exposed to the drugs.

**Response**

Based on the analysis of the two articles, it is easier to understand the qualitative article. The ease in understanding the qualitative research could be premised on the fact that the information presented in the article has been simplified to make it easier to understand. Besides, the methodology adopted in qualitative research is relatively easier to understand compared to the methodology adopted for the quantitative research. Also, the data was presented in a more organized way in the qualitative paper. The paper was less technical and more informative. However, the reliability and generalizability of the information obtained through qualitative analysis is questionable. Therefore, the exclusive use of the qualitative method would be inappropriate.

If I were to conduct a study, I would consider a mixed approach. The merit associated with this approach is that it integrates the positives of the quantitative and qualitative methods. For instance, the data obtained through the mixed method would be reliable and generalizable to a defined population. Moreover, the mixed approach will allow for comparative analysis of how the information collected compares to earlier studies. It will also enable me to synthesize information and present it in a more simplified way hence making the research findings understandable to all.

**Political Letter**

Opioids crisis remains one of the critical challenges to contemporary healthcare. While the use of medical opioids was viewed as a better alternative to the conventional pain medications, they are proving to be a liability to the society (Volkow & McLellan, 2016). There are thousands of lives that are lost annually to drug overdoses while cases of imprisonment of the affected persons in states such as Georgia have surged. It is vital that the healthcare practitioners and policy makers find urgent solution to the problem.

As a nurse, I am indebted to improve the quality of life for my patients. Most cases of patients with severe pain are addressed using medical opioids approved by the FDA (Barnett, Gray, Zink & Jena, 2017). However, my primary concern is that administering the medical opioids to the patients initiates their journey towards opioids addiction. I am thus concerned that the use of medical opioids in my profession could be hurting the patients instead of helping them. Therefore, my commitment to the Hippocratic oath could be questioned when more patients are hooked to heroine and opioids.

At community level, the productivity of the individual affected by the medical opioids is worryingly low. The individuals are forced to spend most of their income on the medicinal drugs and crude cocaine to satisfy their addiction (Volkow & McLellan, 2016). In instances when they cannot access the drugs, they resort to violence and crime. Besides, the number of fatalities associated with drug overdose in our communities is worrying. Further, the social programs put in place to tackle the increased number of addictions could be unsustainable.

In view of the above factors, it is my prayer that the use of the medical opioids in hospital settings is reviewed. It is also vital that the accessibility of the drugs over the counter in drug stores across the country is reviewed (Barnett, Gray, Zink & Jena, 2017). This will help to restore the social order and protect millions of lives. Thank you for your attention and for considering the issues raised on the medical opioids.

**Implementing Change**

The process of change implementation is demanding and should take into account different factors. In the case of a shift from the paper-based to electronic-based systems, it would be important to help the older employees to understand and adapt to the change process. Based on the demographic reviews, it is arguable that millennials and younger generations are more receptive towards E-Systems compared to their older counterparts. Therefore, all employees aged above 35 years will require guidance to help them develop competency in technology use.

When communicating the change, it is important to consider the personalities and positions of the different employees within the organization (Frykman, Hasson, Muntlin Athlin & von Thiele Schwarz, 2014). It is vital that the change process is implemented in phases, the primary steps involving the use of integrated systems that embrace both paper-based and electronic systems before eventual full transition to the electronic system (Kruse, Kothman, Anerobi & Abanaka, 2016). Since resistance is anticipated, it is necessary to develop action groups through which the employees will be able to learn about the proposed change and appreciate its anticipated impacts on efficiency and patient-centered care within the organization.

In implementing the change, it would be ideal to adopt tablets since they are highly portable and occupy less space. Besides, they can be used seamlessly within any environment in the hospital setup. Further, the tablets will enable the employees to easily share image files. However, the aspects of patient privacy and safety should be prioritized during the change implementation. The electronic components should be synchronized and connected to a protected database. For older staff who are scared of the electronic model, they should be allowed to use the hybrid systems as they continue to learn about the new model from their younger team members. (Frykman, Hasson, Muntlin Athlin & von Thiele Schwarz, 2014).

**Asian American Healthcare**

The Asian American group is one of the most influential minority groups in the country. Over the past decades, the population of Asian Americans from about 60 ethnic groups has grown significantly in the United States. Analysis of these groups indicate that they have distinct traditional, beliefs and values that should be taken into account when providing care to members of the population.

Culturally, the Asian American families are extended and are based on interdependent social structures. As such, children are accorded emotional, financial and social support by their parents. Besides, the belief in family implies that ageing and dying Asian Americans are never taken to hospices but accorded the dignity of care close to their family members (Nishimoto & Foley, 2001). Besides, the group is often reluctant to discuss the concept of death and dying due to the entrenched belief in fate. It is argued that discussing one’s death my prompt fate to hasten their demise. In cases of serious diagnoses, the Asian American community prefers withholding critical information to keep the patient’s hope of living alive (Nishimoto & Foley, 2001). On the other hand, the community appreciates non-verbal forms of communication as channels for building rapport and understanding.

Based on these findings, I would consider integrating the values and beliefs of the community in healthcare. In particular, I would be hesitant to disclose critical diagnoses to the patients directly to keep their hope of living alive and to enable them fight for their health. Instead, I would discuss such diagnoses with their next of kin. More importantly, I will actively involve the family members of the patients in their treatment processes. This will enable them to acknowledge that they have a chance to live. It will also help the patient to bond with their family members in their last days. Also, respecting the patient’s religious beliefs, especially on Buddhism could be a tool that I can exploit to promote positive health outcomes.

**References**

Barnett, M., Gray, J., Zink, A., & Jena, A. (2017). Coupling Policymaking with Evaluation- The Case of the Opioid Crisis. *New England Journal Of Medicine*, *377*(24), 2306-2309. doi: 10.1056/nejmp1710014

Frykman, M., Hasson, H., Muntlin Athlin, Å., & von Thiele Schwarz, U. (2014). Functions of behavior change interventions when implementing multi-professional teamwork at an emergency department: a comparative case study. *BMC Health Services Research*, *14*(1). doi: 10.1186/1472-6963-14-218

Jacox, A., Wetzel, J., Cheng, S., & Concheiro, M. (2017). Quantitative analysis of opioids and cannabinoids in wastewater samples. *Forensic Sciences Research*, *2*(1), 18-25. doi: 10.1080/20961790.2016.1270812

Kruse, C., Kothman, K., Anerobi, K., & Abanaka, L. (2016). Adoption Factors of the Electronic Health Record: A Systematic Review. *JMIR Medical Informatics*, *4*(2), e19. doi: 10.2196/medinform.5525

Kruse, C., Kristof, C., Jones, B., Mitchell, E., & Martinez, A. (2016). Barriers to Electronic Health Record Adoption: a Systematic Literature Review. *Journal Of Medical Systems*, *40*(12). doi: 10.1007/s10916-016-0628-9

Nishimoto, P., & Foley, J. (2001). Cultural beliefs of Asian Americans associated with terminal illness and death. *Seminars In Oncology Nursing*, *17*(3), 179-189. doi: 10.1053/sonu.2001.25947

Paterson, C., Ledgerwood, K., Arnold, C., Hogg, M., Xue, C., & Zheng, Z. (2015). Resisting Prescribed Opioids: A Qualitative Study of Decision Making in Patients Taking Opioids for Chronic Noncancer Pain. *Pain Medicine*, n/a-n/a. doi: 10.1111/pme.12921

Volkow, N., & McLellan, A. (2016). Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies. *New England Journal Of Medicine*, *374*(13), 1253-1263.