

Critical Appraisal of a Qualitative Research: “Relatives’ Involvement in Nursing Care: A Qualitative Study Describing Critical Care Nurses’ Experiences”

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Abstract: The critique of research studies is an essential process that helps us in the synthesis of knowledge to use it in conducting new research or to use in practice. In the current paper, author critiques a qualitative research entitled “Relatives’ involvement in nursing care: A qualitative study describing critical care nurses” (Engstrom, Uusitalo, & Engstrom, 2011) for educational purposes. There are many benefits of research critique includes but not limited to broaden understanding of studies carried by scholars, summarize knowledge for using in practice, provide a knowledge base to conduct a new study and to determine the strengths and limitations of a qualitative research study. The following critique will be guided through criteria which are presented at the end of the article.

[Saleh AM. **Relatives’ Involvement in Nursing Care: A Qualitative Study Describing Critical Care Nurses’ Experiences: Critical Appraisal.** *J Am Sci* 2016;12(09):98-103]. ISSN 1545-1003 (print); ISSN 2375-7264 (online). <http://www.jofamericanscience.org>. 16. doi:[10.7537/marsjas120916.16](https://doi.org/10.7537/marsjas120916.16).

Keywords: Critical Appraisal; Qualitative Research; Research critique.

1. General Information

This descriptive phenomenological study “Relatives’ involvement in nursing care: A qualitative study describing critical care nurses” is related to my area of research interest where its’ aim to describe the critical care nurses’ experiences of relatives’ involvement in the nursing care of patients in an intensive care unit.

The strengths of this study are: The language paper was clear, easy to understand, correct grammatically, and well organized. The flow of ideas was smooth and moving from one to another was reasonable in a logical consequence of the introduction, literature review, and methodology, findings, discussion, conclusion, and study limitations.

For example, the study title is clear, understandable, accurate and identifying the type of study as qualitative descriptive, the phenomena of the study is explored clearly from the title as “Relatives’ involvement in nursing care”, the title mentioned clearly the nature of the inquiry which is the critical care nurses’ experience of relative’s involvement in nursing care in the intensive/ critical care units. In addition, the population of the study as the critical care nurses is clearly identified.

The weaknesses are: The process of maintaining the trustworthiness as using a member check was not used, or using data collection triangulation was not used. For example, semi-structured interview was used in this study. In the author opinion using observation in addition to interview may as well enhance the trustworthiness.

Another weak point is that the decision of data saturation was not explicit. It should be clearly stated

by the authors through saying that no new information was gained, or state that data saturation will be gained after the patient transferred from intensive care unit.

In general, the study paper language was clear, easy to understand, correct grammar, spelling and well organized. But the APA format was not correct in the reference list, whereas the year of the article in the reference list should be written after author/s name directly, for example: “Arslanian-Engoren C, Scott LD. The lived experience of survivors of prolonged mechanical ventilation: a phenomenological study. *Heart Lung* 2003; 32:328—34” in the reference list should be written according to APA format like this “Arslanian-Engoren, C., & Scott, L. D. (2003). The lived experience of survivors of prolonged mechanical ventilation: a phenomenological study. *Heart & Lung: The Journal of Acute and Critical Care*, 32(5), 328-334”.

2. Problem Statement and Significance of the Study

The problem statement and the significance of the study were clearly described and introduced promptly in the last paragraph of the introduction. The problem statement was clearly defined as “There is a lack of studies describing critical care nurse’s experiences of relatives’ involvement in the nursing care of patients in intensive care units”, in addition to the significance “increased knowledge about this might lead to improved nursing care and better encounters with relatives”. In my opinion, it is a convincing rationale about the significance and the importance of the study nursing practice in particular and nursing administrators, to adopt new strategies to facilitate and delineate policies and guidelines for the

relatives' involvement in nursing care in intensive care units.

The aim of the study was written clearly in the abstract and in a separate title. The researcher reported "the aim of the study was to describe the critical care nurses' experiences of relatives' involvement in the nursing care of patients in an intensive care unit, the researchers addressed the need of the study adequately through the introduction which exhibited the background of the phenomena and the relationship between the critical care nurses and the relatives and the extent of the impact of intensive care unit stay of a patient on their relatives.

The philosophical underpinnings of this study were not written explicitly, So the reader need to infer what they are!

3. Literature Review

The literature review was apparent in the introduction and in the discussion sections, It was comprehensive and relevant to support the nature of inquiry, it started in an organized, logical manner and it was reported shortcomings of relevant literature, for example: "There is a lack of studies describing critical care nurses experiences of relatives' involvement in the nursing care of patients in intensive care units".

The majority of the studies used in the review were recent studies within the last five years, the authors relied on primary sources, they used paraphrase technique, and they were not relying on quotes from original sources of the literature, only they used quotations from the interview text.

The researcher used sources of integration in a review, for example: "Studies (Hupcey, 2000; McKinley et al., 2002; Arslanian-Engoren and Scott, 2003) found that the presence of relatives gives critically ill patients a feeling of protection".

The literature review was not extended to guide and impose preconception and assumptions, further, it helps to shed the light on the area which lacks the investigation of nurses' experience about the phenomena, the literature review was more supportive with exemplars in the discussion part. Based on the literature review of this study, a case can be made for conducting a new study.

4. Theoretical/ Conceptual Framework

The researchers collected in depth and rich data to explore the experience of the critical care nurses through interaction with the participants. However, there was no instrument used to collect the data, and neither a conceptual framework to guide the study nor a hypothesis to be tested. The study was inductive to provide categories of the critical care nurses experiences from the transcript verbatim of the recorded interviews.

5. Population and Sampling

The target population was clearly described in the study. The participants were eight critical care nurses were recruited using a purposive sampling method, with two men and six women, were aged between 25 and 50 years old, worked as critical care nurses between five and fifteen years, and all participants worked in the same intensive care unit which is located in the northern part of Sweden.

The sample size used was eight participants, but the researchers didn't explain how they determine this sample size, it might be essential to mention how they determine this size. Since the sample selected from a homogenous group, the size of six to eight participants has been reasonable (Holloway & Wheeler, 2013). The researchers did not consider the maximum variation in the sample.

The method of sampling was adequately described in this study for both participants and the setting of the study where the method of the study was purposeful, and the setting was the northern part of Sweden.

The sampling method and the recruited participants were appropriate to the study design and purpose, the researchers described the sample characteristics but need to explain the process of determining the size of the sample.

The inclusion criteria used to select the participants were clearly defined as being a critical care nurse with specialist training, with at least one-year experience as a critical care nurse in an intensive care unit where relatives involved in the nursing care, and willing to participate in the study.

6. Research Design

The design of the study was specifically stated in the method and design section, the design used in this study was a descriptive qualitative design anchored with the naturalistic paradigm to describe and understand the critical care nurses' experiences of relatives' involvement in the nursing care of patients in an intensive care unit.

The proposed design, descriptive phenomenology is appropriate to the study aim in order to generate a description of the phenomena of everyday experience to explore and understand the critical care nurses experience with relative involved in nursing care.

The phenomenological view of this approach is considered as an attempt to describe the lived experience, without making previous assumptions. The researcher described and explored the lived experience of the critical care nurses using bracketing prior assumptions and preconceptions, there is a

congruence between the aim of the study and the design used to achieve the study aim.

In my opinion, authors of the research article provide enough information to replicate such of this study by using an alternative method for analyzing the data of this study, for instance, to use a phenomenological-hermeneutic approach to describe and interpret the meaning of relatives' involvement in nursing care.

7. Data Collection

The data were collected by means of a semi-structured interview using an interview guide, which is present in the study and consisted of eleven question and few probing question.

Eight interviews were completed, each individual interview lasted approximately 25 to 40 minutes, and the interview was conducted in a quiet room in the intensive care unit considering the wish of critical care nurses.

The researchers did not outline the rationale of using the semi-structured interviews with the guide and did not provide enough information about the process of data collection, for example, how the data were recorded, transcribed and stored, how the questions in the interview guide were developed.

The proposed method of data collection is appropriate to the study aim in order to generate a description of the phenomena of everyday experience to explore and understand the critical care nurses experience with relative involvement in nursing care.

8. Protection of Human Rights

The researchers obtained approval from the University Ethics Committee, and permission from the unit manager of an intensive care unit in the northern part of Sweden was obtained as well prior to research. The participants received a letter containing information about the study, this information was reported orally to the participants prior to starting the interviews and a consent form was signed by the participants to assure participation. The participants assured that the data will remain confidential, the participation is voluntary, and participants have the right to withdraw at any time without prejudice.

There were some issues related to the ethical considerations; the researchers did not assure how the identity of the participants will be protected. The researchers did not provide details how the recorded data on tape and the transcript verbatim will be protected or damaged.

The researchers approached the head nurse who contacted ten nurses to participate, this may encounter an authority obligation to participate which may bias the data. The participants should be assured that the participation in this study will not affect their work

positively or negatively. The researcher should assure that the participants are comfortable all over the interviewing process and provide psychological support when needed.

There was no evidence of deception, intimidation, the only matter which provides issues of coercion to participate, is the use of the head nurse to contact the critical care nurses which have an evidence that the participant can be identified.

There were neither prior assumptions nor preconceived conceptualization, the researchers have no influence on the interviewing process, data collection, and data analysis. The data were presented as provided from the participants.

There is no evidence that study designed to minimize risks of participants, but the significance of the study shows maximize benefits regarding improved nursing care and better encounters with relatives.

9. Data Analysis

The research study described how the data were analyzed, it was clearly explained the process of analysis of the transcribed verbatim texts using qualitative content analysis. The researchers read the text of the interviews several times in order to gain a sense of the content which is defined as "immersing oneself in data, engaging with data reflectively, and generating a rich description" (Speziale, Streubert, & Carpenter, 2013).

The researchers identified the meaning units, which were then condensed, coded and sorted step-wise into finally five sub-categories and two main categories related by content, constituting an expression of the content. By moving back and forth between the text and the output of the content analysis, a progressive refining of the findings was provided. Each category was linked with evidence from the participants' quotations.

Qualitative content analysis was an appropriate method that fit with the level of inquiry. However, the aim of the study was to describe, at a descriptive level, critical care nurses' experiences of this phenomena. so it was an appropriate method as cited by the authors (Engstrom, Uusitalo, & Engstrom, 2011).

The themes that developed in the study are supported by the raw data of the participant text. The findings were represented and explained in a plausible and coherent way that could not provide an alternative explanation.

10. Rigor

The method of data collection (semi-structured interview) was reliable and independently verifiable. the interview allows entrance into another person's world and is an excellent source of data. Complete

concentration and rigorous participation in the interview process improve the accuracy, trustworthiness, and authenticity of data (Speziale, Streubert, & Carpenter, 2013).

The individual eight interviews lasted for approximately 25- 40 minutes and took place in a quiet room in the intensive care unit according to the participant's wishes. The data were collected during 2010.

In this study, the researchers used a strategy to enhance rigor which is reflexivity, the researchers adopted to present the data without reflection of their own preconception and assumptions. Described strategy was not explicit, but from the participants' quotations which were integrated to support the extraction of the subcategories, the context was rich in data and the description was detailed to reflect the phenomena, in addition the researchers reviewed the interview text several times so they can be immersed and engaged in the data (Speziale, Streubert, & Carpenter, 2013)

The member check and audit trail were not used to ensure the trustworthiness of the study, there was no evidence that the researchers presented a transcript of the interview to the participants and ask them to comment on the content, nor a summary of the interview was given to the participants to comment on which may affect the credibility.

The strategies to enhance the credibility was not explicit in the study. The dependability was difficult to assure when another researcher follows the same path used by the investigator can arrive at the same conclusions.

The transferability of the findings to another context is deemed applicable and meaningful to others. The conformability is achieved as the finding and conclusions of the study reflected the aim of the of the study, and are not the result of the researcher's prior assumptions and preconceptions (Holloway & Wheeler, 2010).

The authors collaborate each other in the data analysis, there is no method used to resolve differences of interpretation, they declare that there is no conflict of interest and there were no negative or discrepant results.

Conclusions and Recommendations

The results of data analysis were clearly explained in reference to the phenomena of interest. The conclusion was drawn from the study stated that relative contributes to critical care nurses establishing a better relationship with the patient as a whole person, critical care nurses have to find a balance between the relatives needs of involvement and how the patients want to be cared for and at the same time the critical care nurses have to protect the patients'

integrity, as protecting the integrity of patients is a reason for limiting relatives' involvement.

The conclusion was justified by the results were appropriately presented in two main categories and five subcategories as follow; the first main category is realizing the significance of relatives' involvement, which includes two subcategories; relatives participating in the care of their sick relative and helping and encouraging relatives to stay close. The second main category is experiencing obstacles to relatives' involvement and includes three subcategories; respecting the patient's integrity, being negatively affected by relatives' participation, the environment and lack of time reduces relatives' possibilities of being involved.

The findings were rich and comprehensive, reflected the participants' experiences, the participants' views were reflected in the quotations as evidence and exemplars were presented to each subcategory. The findings of the research adequately addressed the purpose of the study and identified the importance of the relatives' involvement in nursing care.

Regarding the results of the study. The researchers recommended that further research into relatives' and patients' experiences and opinions about relatives' involvement in the nursing care of patients in intensive care units is needed.

The research findings can be transferable to similar setting and can be applied in an appropriate way to practice by encouraging the nurses to communicate with the relatives, meeting their needs, and identifying their capacity to be involved in the care of their patients. Such as: doing a simple care procedure, making them oriented to the intensive care unit environment, in addition, considering the obstacles of involving them in the care.

Acknowledgements:

I would like to thank all those who have helped make this research succeed.

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- 3.3. A literature review is paraphrased adequately, or there are many quotes.
 - 3.4. The literature review includes sources of integration among studies.
 - 3.5. A literature review can be made other researchers to conduct a new study, based on the review.

4. Theoretical/Conceptual Framework:

- 4.1. The study used Conceptual/Theoretical framework.
- 4.2. The conceptual/theoretical framework is clearly stated and described in the study.
- 4.3. Conceptual/Theoretical framework guided the study.

5. Population and Sampling:

- 5.1. The target population is clearly stated and described in the study.
- 5.2. The method of sampling is clearly described and appropriate to the study design, and purpose/s.
- 5.3. The sample size is determined with a rational.
- 5.4. Inclusion and exclusion criteria are clearly described.
- 5.5. Is there a variation in the sample characteristics?

6. Research design:

- 6.1. What is the design used in the study?
- 6.2. Is the design appropriate for research questions and purposes of the research?
- 6.3. Has enough information been given to replicate such of this study?

7. Data Collection:

- 7.1. What are the methods that have been used to collect data?
- 7.2. Is there a rational for using these methods?
- 7.3. Are the methods congruent with the research purpose/s and question/s?

8. Protection of human rights:

- 8.1. Is there evidence of ethics review board or committee?
- 8.2. Voluntary participation, and informed consent at an appropriate time.
- 8.3. Is the identity of the participants protected?
- 8.4. Is there evidence of coercion, intimidation or deception?
- 8.5. Risks and benefits of the study.

9. Data Analysis

- 9.1. Methods of data analysis are clearly described.
- 9.2. How were themes concepts derived from the data?
- 9.3. Methods of analysis congruent with the level of inquiry.
- 9.4. Concepts and themes are supported by the raw data.
- 9.5. Explanations are presented in a plausible and coherent manner.

10. Rigor

Appendix

Evaluation Criteria for Qualitative Research Critiques

1. General Information:

- 1.1. Article selected for critiques related to the qualitative research method (Phenomenology, Grounded theory, Narrative, Ethnography, Historical Research...etc.).
- 1.2. Highlight on the study's strengths and weakness.
- 1.3. Give example/s about strengths and weaknesses.
- 1.4. Suggest alternatives to cover the weaknesses of the study.
- 1.5. The paper is organized, interested, Grammar and spelling are correct.

2. Problem statement and significance of the study:

- 2.1. Problem statement and significance of the study are clearly related and described to the study area.
- 2.2. The problem statement of the study was introduced promptly.
- 2.3. Purpose/s of the study is/ are clearly stated and explained adequately in the study.
- 2.4. The philosophical underpinnings of the used qualitative research are clearly stated, listed and linked with the study assumptions without inferring it.

3. Literature Review:

- 3.1. A literature review is organized, logical, apparent, comprehensive, and support the inquiry of the study.
- 3.2. The literature review includes recent studies; less than 5 years.

- 10.1. Methods of data collection reliable, and independently verifiable (e.g., audiotape, videotape...etc.).
- 10.2. Data analysis performed by more than one researcher.
- 10.3. Strategies that used to enhance the trustworthiness of the study. Did these methods clearly explicated in the study.
- 10.4. Discrepant results are fully addressed.

11. Conclusions and recommendations:

- 11.1. Results of data analysis are clearly explained in related to the phenomena of interest?
- 11.2. What conclusions are drawn, and are they justified by the results?
- 11.3. What are recommendations have been made, and are they supported by the results?
- 11.4. Are the findings of the study transferable to similar settings?

9/25/2016