

Qualitative Research Critique

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Purpose

The research question was not clearly stated within the article. A purpose statement was more clearly expressed: to explore the experience of novice registered nurses (NRNs), their experience with caring for end-of-life (EOL) patients, and the meaning of it. The implied research question was “what is the lived experience of NRNs with end-of-life care (EOLC)?”

Study Design

The study design encompassing the research question and purpose was presented as hermeneutic. Phenomenology is the exploration of a population’s lived experience regarding a particular event or phenomena (Grove & Grey, 2019). Hermeneutic designs occur when the authors remain open to other viewpoints and identifies themes in relation to the research question (Grove & Grey, 2019). These designs were appropriate because the purpose and research question elicited subjective responses from participants regarding their own lived experiences with EOLC. This allowed for reflection of past experiences in conjunction with the development of new understandings. For example, NRN13 discussed their difficulty with sleeping. The researchers had developed several detailed descriptions of the participants lived experiences, as all participants had varying perspectives of the phenomena.

Literature Review

The rationale for this study was clearly stated and thorough: there is an immediate need for further education on EOLC for NRNs because they reported the discomfort and uncertainty with their care and interventions. The authors reiterated that there was a lack of communication and pain management knowledge and included suggestions to improve nurses’ training and education. For example, completing clinical rotations with a senior nurse on palliative units (Hinderer, 2012). Relevant literature was reviewed to lay the foundation of this study as shown in the section titled “Literature Review.” The authors included various types of studies, such as quantitative, phenomenological, and cross-sectional, within this article. All five articles analyzed

were primary and peer-reviewed sources, published within 10 years of the study's publication—two were within five years. The articles' findings proved the need for this study. The other articles explored topics such as knowledge deficits, coping skills, and incompetencies related to EOLC and identified anxiety and discomfort as a major issue for nurses in EOLC. The researchers did not specify any gaps within the literature review, but some could be inferred. For instance, certain studies that were reviewed were done outside of the U.S.—where this new study was done. Nurses from other countries have different education backgrounds and training standards compared to the U.S., which could result in different experiences in EOLC.

Sampling

The sampling method was appropriate for the study purpose. Since the purpose was to highlight the experiences of NRNs with EOLC, it makes sense that purposive sampling was done to find NRNs with experience in EOLC. Flyers for recruitment were sent in the American Association of Critical-Care Nurses' CriticalCare enewsline ([AACN], 2016). This allowed advertisement to nurses working in areas that are more likely to encounter EOL patients; thus, allowing participants to have knowledge on the topic. Inclusion criteria required nurses to have graduated with a baccalaureate degree and the exclusion criteria was more than three years of experience to ensure participants were novices. In the end, 14 nurses were recruited with varying ages and genders.

There were no risks of physical harm involved in the participation, but the researchers warned the nurses that discussing their experiences may be mentally or emotionally draining. To mitigate this harm, participants were allowed to decline answering certain questions or end the interview when needed. Confidentiality of participants was also maintained to ensure no harm nor repercussions would occur due to their participation in the research. As mentioned in the "Participants and Recruitment" and "Ethical Considerations" sections of this study, informed consent was obtained. All participants were given adequate information about the research plan and process and were permitted to stop participating at any point. No indication

was made if participants were part of a vulnerable population; however, it was noted that many participants were Caucasian females. In the “Data Collection” section, the researchers stated that collection continued until data saturation was reached. The use of the data to help understand NRNs’ experiences in EOLC can help reduce negative experiences in the future, making the study more beneficial than harmful.

Data Collection

Data collection began after receiving Research Ethics Board approval and informed consent. The main method of data collection was through hour-long interviews with participants. This method of data collection was appropriate for this phenomenological study as it allowed researchers to ask the nurses directly to explain their thoughts and stories with EOLC. The interview questions gained NRNs’ direct perspective which sheds light on the experience of NRNs with EOLC. Due to the residences of the participants (various U.S. states), interviews were conducted over the phone. No specific indication was made of the site, but as previously noted, there were 14 total participants from different care units. The article provided more details about their demographic breakdown. The interview was structured using a guide of seven questions that were provided in Table 1. The researchers used field notes to manage the collection of data. Telephone interviews were recorded to maintain the original data, then they were transcribed. Scratch notes and journals were made by researchers based on their reflections and decision-making throughout the process. The authors note that they reflected on their assumptions and biases before the data collection process, but did not clarify what these preconceived notions were and what steps were made to ensure that any bias was eliminated.

Data Analysis

During the interviews, the researchers used interpretive analysis to review participant responses. Interpretive analysis involves understanding the experiences through the subjective perspective of participants (Grove & Grey, 2019). Hermeneutic circle and Colaizzi's (1978) framework were also used. The steps of Colaizzi's (1978) data analysis are: reading, isolating

important information, interpreting, sorting data by themes, describing, member checking, and incorporating changes based on member feedback. Hermeneutic circle involved the researchers understanding small parts of the data and connecting it back to the general experience of NRNs with EOLC. These were appropriate for addressing the study purpose because it took specific experiences from the participants and generalized them into a collective explanation for the whole phenomenon. Researchers maintained a decision and audit trail by providing participants with an explanation of data organization and decisions made during the interpretation process (Grove & Grey, 2019). The participants confirmed the researchers' interpretations as accurate to their experiences. The whole process was adequately described in a step-by-step manner that was easy to follow. The authors provided a meaningful picture as they highlighted the difficulties NRNs face with EOLC through the three themes identified: obstacles in EOLC, personal response, and coping strategies. For example, NRNs struggled with the ethical dilemmas when caring for EOL patients.

Overall Rigour

By analyzing the degree of confidence within the data shown, interpretation, and methods used within this qualitative study, the four components of trustworthiness can be identified (Grove & Grey, 2019). Credibility within the research is well established using verbatim quotes. In particular, the study mentions various coping mechanisms that NRNs use when caring for EOL patients. A limited sense of transferability is present throughout the study due to a lack of demographic diversity; however, the study provides a substantial explanation of each participant's perspectives, along with a thorough explanation of the population and demographics. NRNs' lived experiences strengthened the applicability of the study's findings to similar populations (Grove & Grey, 2019). The findings show that NRNs conflict with physicians (e.g., questioning orders) due to opposing views about EOL care. Due to this, the study may be useful to the physician population. Confirmability was prevalent due to the examination of an audit trail. By utilizing an audit trail, researchers were able to highlight every step of data

analysis in order to provide rationale to the NRNs for any decisions made. Maintaining an audit trail also established dependability; external researchers can view steps taken from the start of the study to the development of the findings (Grove & Grey, 2019). This allows the study of NRNs in EOLC to be repeated by other researchers and it allows findings to be consistent with repetition of the study (Grove & Grey, 2019).

Implications

The implications for nursing practice were clearly mentioned in both the “Discussion” and “Conclusion” sections. To address the lack of knowledge observed, NRNs should attempt placements in areas that deal with EOLC, like hospice. Another issue identified was communication, which can be resolved through additional education or training. Finally, there is a need to understand pain control as it is a vital aspect to EOLC. When applying the study to personal practice, nurses should note the barriers in EOLC such as the emotional toll, lack of confidence, and moral dilemmas. In future practice, it is important that proper mental health and a healthy work-life balance is prioritized to ensure the best care for patients.

Conclusion

The results accurately supported the conclusions of the study as researchers were able to identify inadequacies among NRNs regarding EOLC. These findings were discussed within the “Conclusion” section where the effect of struggling with conflict was elaborated. Various limitations were discussed in the article. The study only focused on one professional organization of nursing. Additionally, only NRNs with less than three years of experience were studied, which reduced the sample size. Lastly, the use of phone calls resulted in interruptions due to technical difficulties. Recommendations for improvement and future research include providing alternative methods from phone calls such as questionnaires or in-person interviews.

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Participation Statement: I acknowledge that I participated equally with the members of my group in completing this activity.

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