

Qualitative Study Evaluation

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Abstract

Jillian Ireland published “Palliative Care: A Case Study and Reflections on Some Spiritual Issues,” in the British Journal of Nursing this year. This paper is a critical evaluation of her qualitative research using guidelines recommended in the syllabus provided by Dr. Omar G. Baker for Nursing 350 at Ferris State University. Ireland’s study addresses the nursing role in spirituality during end of life care. Death is widely recognized as a time in which our spirituality strongly informs our decisions. Assessing spiritual needs becomes increasingly important as patients require palliative and holistic care. This case study is about a 40 year old nurse from Africa who is dying. This case study allows us to format answers to the questions of why spirituality needs to be assessed, as well as if a nurse can advocate for each individual’s dynamic of spiritual needs. Ireland’s study gives insights on these questions in a manner sure to inform our practice with more culturally and spiritually appropriate care. The reflections offered at the end of her case study allowed the nurses involved to resolve lingering feeling of inadequacy and failure in the care of a very special person. Our critique of this study, using the questions mentioned above, address the problem statement, the study purpose, the research question, the study design, the subject and setting, the data collection method, data analysis procedures, and finally, strengths and limitations of the study.

Qualitative Study Evaluation

Jillian Ireland's study, "Palliative Care: A Case Study and Reflections on Some Spiritual Issues," offers much food for thought to nurses interested in a holistic approach to the ongoing nursing assessment. This review assesses the scientific basis for Ireland's study using the guidelines recommended in the syllabus provided by Dr. Omar G. Baker for Nursing 350 at Ferris State University. Using this format, we study the problem statement, the study purpose, the research question, the study design, the subject and setting, the data collection method, data analysis procedures, and finally, strengths and limitations of the study.

Problem

There is no specific problem statement in Ireland's case study. The article begins with a quote from the United Kingdom(UK) Patient's Charter stating that it is the right of every patient "to have access to a service that has 'respect for privacy, dignity, and religious and cultural beliefs' "(Ireland, 2010, p. 237). The first paragraph then goes on to quote the Nursing and Midwifery Council: "to achieve this the patient's needs need to be systematically assessed and the agreed care delivered in a fair and anti-discriminatory way that acknowledges differences in beliefs and cultural practices" (Ireland, 2010, p. 237). These statements and the following discussion about the meaning of spirituality in the introduction to this case study implicate a lack of systematic non discriminatory assessment by nurses as the problem in question. It is not unusual for a published nursing study to omit a problem statement and include only the purpose of the study (Nieswiadomy, 2008, p. 77).

Purpose and Importance to Nursing

The purpose of the study and reasons that it is important for nurses to examine this case is identified in the last paragraph of the introduction just before Ireland introduces the case scenario. Here, Ireland, defines the purpose of the study as “the need to systematically assess spiritual needs and not simply be led by, in this case, the patient’s obvious religious focus” (Ireland, 2010, p. 237). The purpose of this case study is to stress the importance for nurses to assess all the needs of their patients, not just physical but spiritual. Secondly, the nurse needs to locate or modify appropriate tools to assess these spiritual needs in a non- discriminatory way. The assessment of spiritual needs is the first variable of the study. The second variable is to do this assessment in a culturally non-prejudicial way. A third variable can be found in the case study and is located in the same paragraph when Ireland states, “The case study also considers and reflects on nurses’ own feelings and spirituality” (Ireland, 2010, p. 237). The lack of assessment of the needs of the patient discussed in this case study affected her outcomes and the knowledge gained will affect healthcare quality for future patients. The unresolved feelings of the nurses caring for this patient affected staff well-being. “The starting point of a qualitative study is the recognition that a specific area is poorly understood yet affects patient outcomes, staff well-being, or healthcare quality” (Rusinova, Pochard, Kentish-Barnes, Chaize, & Azoulay, 2009, p.141). This case study recognizes all three areas, improvement in patient outcomes, staff well-being, and healthcare quality by looking carefully at the spiritual needs of this individual.

Research Question

The research question asks, “Why is a spiritual assessment important in the dying patient?” “Qualitative research is concerned with in-depth descriptions of people or

events, and data are collected through such methods as unstructured interviews and participant observation" (Nieswiadomy, 2008, p. 59). The question researched in this article is broad enough for a qualitative study given the depth and breadth of the questions of ethnicity and dying. An in-depth look at these themes is warranted in the context of a well defined spirituality. Insight and understanding is gained about the spiritual needs of the dying patient.

Study Design

The qualitative method used in this article is the case studies model. "Case studies are in-depth examinations of people or groups of people" (Nieswiadomy, 2008, p. 177). This study examines how spirituality is an individual experience, distinct from religion. Nieswiadomy states that "For a case study to be considered qualitative study, the researcher must be interested in the meaning of experiences to the subjects themselves, rather than in generalizing results to other groups of people" (Nieswiadomy, 2008, p. 178). This is a qualitative research because we are concerned with the outcome of each individual. We cannot lump people into groups because of their religion. We must treat everyone as an individual with different need and make sure we are assessing those needs, whether spiritual or not, appropriately. As the author states, "Being aware of notions of spirituality and ethnicity are perhaps at no time as important in nursing as at the end of a patient's life" (Ireland, 2010, p. 237).

Subjects and Settings

The researcher, Jillian Ireland, wanted to focus this study on the spiritual and religious aspect associated with palliative care. In doing so, the researcher needed to choose a subject where spirituality was important and raised ethical questions. She

describes the subject in this manner. Using only one subject Ireland was able to draw out personal and detailed accounts and apply critical theory directly.

Setting played a role in the data collected, as the subject was indeed terminal and a hospice patient. The setting was naturalistic, where the subject was observed, interviewed and data was recorded. The actual surroundings are not specified, however, one can gather that the environment was one of calmness where intimate details could be obtained. During the data collection the researcher observed, discovered, and interacted with the subject. In order to form a relationship where personal thoughts and emotions are shared the settings must provide for privacy, time to reflect, and security. It would appear these characteristics were present.

Data Collection Method

Ireland uses a grounded theory for this case study. Data was gathered through the use of interviews and reflection. Using reflection the researcher was able to shed light on the subject's thoughts and emotions. Ireland then processed this data and analyzed it to produce the research. By using reflectivity her theory or idea emerged. In Ireland's study the theory suggests, "Nurses caring for dying patients need to be open-minded, and check regularly that the patient's chosen pathway is being followed. Also there must be space for patients to change their minds" (Ireland, 2010, p. 237).

Ireland elaborates on the reflections to form a deeper and broader use of the data collected. By applying the critical theory she is able to move to a deeper analysis of the data. Reflectivity is the process of applying critical theory to the data collected through reflection (Lipp, 2007). By using reflectivity one can apply knowledge gained and offer

opportunity to appraise one's own practice. Reflectivity can also offer ways to explore to help patients and nurses in the caring process.

Data Analysis Procedures

Data analysis is a process of “processing, inspecting, cleaning, transferring, and modeling data with the goal of highlighting useful information, supporting conclusions and supporting decision making” (McGraw Hill Professional, 2010, np). Most qualitative research studies begin data analysis as soon as data collection is started (Nieswiadomy, 2008). In this specific research study, researchers recorded observations of a woman who was dying of cancer and her journey through end of life issues including spirituality, ethnicity, death, and dignity. Researchers also documented interactions and experiences between nurses and the patient, as well as relations between the patient and her family. These observations permitted researchers to make essential observations related to the spiritual issues experienced through this patient's end of life journey. In addition to the observations, researchers also used an informal interview to obtain valid information. Therefore, one can see that the way the researchers went about collecting data was appropriate for data analysis.

Qualitative research can have many different forms and methods. This specific study included an Ethnographic approach. Ethnographic studies “involve the collection and analysis of data about cultural groups” (Nieswiadomy, 2008, p.173). Some of the key components of ethnographic studies involve setting aside one's own personal beliefs and biases, understanding a problem within a particular culture, and having a key informant. Ethnography is useful in nursing because nurse researchers can view nursing and health care in the context in which it occurs (Nieswiadomy, 2008).

In this qualitative research method, one needs to determine how to analyze data since there is “no universal rules for analyzing data” (Nieswiadomy, 2008, p. 64). However, all qualitative studies involve content analysis procedures. Content analysis involves creating categories of data and developing rules for coding data into these categories (Nieswiadomy, 2008). In reading about a research study, one does not always see this process. However, we can see that in this research study, researchers took groups of information and put it into sections related to the case scenario, spirituality in palliative care, ethnicity/ racial issues, their theory, and a reflection of what they have learned. Within these subsequent sections, the author of this research study also pulled in some other research studies and valuable information to help the reader understand the problem. These bits of information helped to give substance and validity to the research study, as it helped explain the problem of spirituality and ethnicity in end of life care.

Strengths and Limitations

Two major scientific strengths in this study are the use of reflection and the careful use of terms. As described above, Taylor’s model of reflection allowed the staff to systematically review and discuss their practice with Grace. They felt this allowed them to “deepen their learning” (Ireland, 2010, p. 239). Indeed, there was fuel for 3 years of reflection following Grace’s death. The use of a theory in research is a hallmark of scientific inquiry. The choice of reflection was also appropriate to the subject matter of spirituality, an innately reflective phenomenon, as well as ethnicity and dying, highly complex subject matters.

The author was also careful to define her words. Using terminology with care is crucial in any forum to prevent misunderstandings, but to attempt research without

definitions would be derelict. This study amplifies the importance of this step because it is discussing such loaded ideas as spirituality and ethnicity. The author chose classic published nursing research in her definitions. These definitions were also well chosen in that they were wide enough to allow for a number of faith practices, yet narrow enough to be of use. The importance of her choice of a definition of “spirituality” came into play when her distinction between religion and spirituality allowed for an understanding of the client’s “change of mind regarding spiritual matters just hours before her death. From this experience a great deal of structured reflection and action followed” (Ireland, 2010, p. 239). Thus the strengths of Ireland’s use of reflection and her careful definition of terms allowed her study to guide learning for the staff as well as reviewers.

Two main limitations of the scientific merit of this study are the complexity of the client situation chosen, and the necessity of the sample size of one. One might question choosing a client that so defies the status quo. She was a relatively young nurse from Africa working in London, surprised by a cancer diagnosis and even more suddenly faced with a failure of treatment. Her situation was unique and therefore perhaps not likely to be duplicated in the experiences of study readers. Yet this weakness may in fact be a strength, because the diversity of elements heightened both the interest as well as the material upon which to reflect. This leads to the second possible weakness, a sample size of one. Qualitative researchers have effectively answered criticisms about small sample sizes, and the information available for reflection in this case was ample to provide valid reflections for many nurses.

The study findings were extensively valid. Edmunds states that “trustworthiness is at the heart of a qualitative research critique and addresses 5 criteria: credibility,

dependability, confirmability, transferability, and authenticity” (Edmunds, 2010, p. 5). Ireland’s study proves its trustworthiness and worth with credibility. It is published in a major British journal, and the author’s own credentials are impressive. She enhances the dependability of her data by choosing a topic that is timeless and a client that crosses many racial and religious barriers. Her study is confirmable because, perhaps first, it resonates with the experience of every nurse who has comforted a dying client, but more scientifically, she spent years with the staff reflecting in both an online and face to face format. The transferability of her study relates to its dependability in that she chose topics every nurse, and indeed every human deal with. The data is transferable in the manner she intended, allowing us to reflect with more knowledge about the holistic nature of palliative care. Lastly, her study was authentic. This would be reflected by the time in which she spent with both the client and the staff honestly representing the situation. Since the study was offered as a sample of the reflection that might occur in other nursing settings, she may be excused for the lack of quotes and views from the other staff involved.

Ireland offers a valid and helpful model of reflection in the form of a qualitative study useful to enhance the thoughtful delivery of care in nursing practice.

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