



Assignment 1: Part A

Written Research Critique

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The study the author will look at in this critique, aims to investigate the impact on the nurse-client relationship of nurses prescribing medication to clients within the mental health sector. Focus groups and interviews were the tools used in the study to gather the information sought in a constructivist exploratory way. As such Ross, Clarke, & Kettles, (2014) state that in this way many viewpoints may arise to shed light on the complex nurse-client relationship; especially whether the advent of nurse prescribers has been a positive change as experienced by mental health clients (Ross et al., 2014).

An extensive literature review performed prior to performing the study to assess prevailing opinions of clients experiencing nurse prescribing (Ross et al., 2014). A large number of studies were obtained through multiple database searches (Ross et al, 2014), although the study does not state how many databases were searched, only that it was more than one. It is important to not only search mainstream or obvious collections but also complementary or alternative collections (Cooper, 2010, p. 59) (Papaioannou, Sutton, Carroll, Booth, & Wong, 2010). Ross et al., (2014) show an example of search terms used for the literature review and how the terms were combined to get different results; this is a robust search procedure, however it may not have been extensive enough to garner all possible studies done on this topic (Papaioannou et al., 2010) (Cooper, 2010, p. 62). Having said that, Baxter and Jack (2008) warn against gathering too much data and becoming “lost” within the amount retrieved.

Ross et al., (2014) designed a discussion guide from the information retrieved from the literature review based on the emerging themes; this is a much used method (Baxter & Jack, 2008). They then went on to form a pilot focus group which included an academic supervisor who oversaw the wording of the discussion guide and the order of questions. This is important as a way of trying to eliminate suggesting answers and helps to keep answers given as the lived experience of the subjects (Turner, 2010). Ross et al., (2014) show the discussion guide within the published study but not the interview questions thus allowing readers to evaluate one but not the other. The discussion guide was compiled of open questions which is the recommended process for qualitative research (National Centre for Social Research, 2014, p. 49) (Flick, 2009, p. 34).

Ross et al., (2014) used a thorough system of recording and checking the data by all the authors of the study. They then used a framework matrix and a noted computer system for data storage and analysis. As Bazely & Jackson (2013) note in their book, data analysis of qualitative data relies upon the researcher’s perspectives, the methodology of the study and how those perspectives affect the interpretation of the data. Using multiple researchers to sift through the data strengthens the validity and variance of key resultant themes (Miles, Huberman, & Saldana, 2014, p. 20). One of the researchers is a nurse practitioner; Miles et al., (2014) postulate

that experience in the field being studied allows for more complex and subtle data to be garnered from the information gathered.

Ross et al., allow for the fact that there are some quite considerable limitations within the study. Denscombe (2010, p. 27) states that it is good research practice to acknowledge the shortcomings. One of the limitations listed ascribes to the fact that the participants knew the researcher was a nurse prescriber (Ross, et al., 2014), it has been shown that participants react differently depending on who is interviewing them therefore affecting the information retrieved (Denscombe, 2010, p. 178). Besides the points raised by Ross et al., it can be seen that there are relatively few clients interviewed compared to stake holders at approximately a 1:2 ratio. As this study is particularly concerned with the client viewpoint that limits the validity of the study. Denscombe (2010, p.35) states that the “best information” is obtained when the sample is relevant to the research question.

Good ethical practice, Denscombe (2010, p.330) explains, is to state within the study which specific code of research ethics is being used. Ross, et al., fail to do this. They state that all data was treated as confidential without explaining how confidentiality was maintained; there are however no identifying factors within the published study. They did however seek permission from the National Research Ethics Service and NHS Research and Development. Written and verbal consent was gained from participants who were also given the chance to ask questions and were also reminded that participation was voluntary, all of which are integral to research ethics (Denscombe, 2010, p. 331). An advocate was present at the focus groups to ensure no undue stress was placed upon participants and that refreshment breaks occurred, which follows the ‘do no harm’ and in fact ‘anticipate threats to participants’ code (Denscombe, 2010, p. 332) (National Centre for Social Research, 2014, p. 83). When undertaking research it is vital that consideration is taken to the treatment of the participants, especially in regard to how they want to be treated, maintaining their confidentiality, and that the researchers operate in transparent manner (National Centre for Social Research, 2014, p. 83) (Denscombe, 2010).

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