## Critique of the data collection, analysis, and implications of a published quanti...

Sociology, Racism



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## **Data Collection**

Data collection techniques are inadequately described within this study (Creswell et al., 2009). This would be a challenge for replication as well as rigor. No indication exists to reveal who administered or distributed the questionnaires, regardless if they were self-report within the participant's own convenience and time, or whether an investigator was available during completion. This could be regarded a weakness of the reporting of the study. The matter of researcher bias is significant within the completion for techniques of collecting data, and whereas questionnaires can be regarded as a means of preventing this, when they are vaguely administered, it is impossible to verify they are completed, or honest, or filled by the targeted participants (Miller & Crabtree, 2011). Having the investigator present, nonetheless, could result in influence or bias of some nature, particularly within the vulnerable population (Willms, Best & Taylor, 2010). Because these are vulnerable people attending clinics due to chronic conditions, not explaining how the data/information was gathered from them is a failing and can constitute an ethical matter.

Nonetheless, strength of the study can be the employment of many data

collection techniques, as well as the detail in which they are elucidated, and their provenance clarified. The research has applied the self-care strategies, social support, health-linked quality of life, and symptom experience questionnaires (Creswell et al., 2009). These are adequately explained, and because they are well developed collection methods, this implies they have been earlier validated that increases the quality of the study or research (Willms et al., 2010).

## **Data Analysis**

**Implications** 

The conclusion supports findings obtained (Creswell et al., 2009), but it is not detailed summary of the complex findings. Nonetheless, this is referred to in the recommendations (Miller & Crabtree, 2011).

## References

Miller, L., & Crabtree, B. (2011). Clinical research. In Handbook of Qualitative Research, 3(1), 607-631.

Creswell, J., Fetters, M., & Ivankova, N. (2009). Designing a mixed methods study in primary care. Annals of Family Medicine, 1(2), 7-12.

Willms, G., Best, J., & Taylor, D. (2010). A systematic approach for using qualitative methods in primary prevention research. Medical Anthropology Quarterly, 2(4), 391-409.