

"does a teaching intervention make a difference?" article review example

[Sociology](#), [Community](#)



“ Nurses' Willingness To Take Care Of People Living With Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)- Does A Teaching Intervention Make A Difference?”

Did the study ask a clearly-focused question?

The researches have clearly posited a focused question in the study: “ Does a teaching intervention make a difference?” (Mockiene et al. 617). As well, from the research question, it is evident that the proposed intervention is an education intervention. The chief goal of the study is to determine whether the education intervention can have a material effect on the willingness of nurses to care for people living with human immunodeficiency virus/ acquire immunodeficiency syndrome (HIV/AIDS), which is clearly acknowledged in the article (Mockiene et al. 618).

Was this a randomised controlled trial (RCT) and was it appropriately so?

It is evident that the research design used in the research study is randomized controlled trial (RCT). Holzemer (100) depicts RCT as an experiment that seeks to determine if an intervention causes a change in the outcome variable, and this is clearly evinced in the research study, in that teaching intervention is implemented in different variables (nurses) to check whether it might affect the caring of people living with human immunodeficiency virus/ acquire immunodeficiency syndrome (HIV/AIDS). In tandem to this, Mockiene et al. (617) also confirm that the research designed used is RCT, also, the research is quantitative, ascribed to the number of variables used, and this is analogous to Holzemer assertion that, for an RCT design to be used, the researcher must include an intervention (independent

variable), which is manipulated and exposed to the experimental group, a control group, which is not subjected to the desired intervention and lastly, randomization (100). Furthermore, the RCT design was appropriate, attributed to the fact that the researchers were in the verge of determining how education on HIV/AIDS can affect the willingness of nurses to take care of HIV/AIDS victims. This is also in line with Holzemer (83) affirmation that RCT is best implemented when evaluating the effectiveness of an intervention.

Were participants appropriately allocated to intervention and control groups?

The participants were appropriately allocated to intervention and control groups as seen in the research study. A total of 240 nurses were randomly selected from different hospitals to participate in the study, following the implementation of a power analysis for one-way ANOVA in order to determine the number of required participants (Mockiene et al. 618). In light with this, the participants were categorized in to the intervention and control groups as follows; the first educational intervention group, labelled EG1, comprised of 80 participants, the second educational intervention group, tagged EG2, consisted of an equivalent of 80 participants (Mockiene et al. 618). Further, the rest of the participants, who totalled to 80, were set as the control group (CG) (Mockiene et al. 618). Conventionally, the random selection of the participants was also effectuated by the use of SPSS 12.0 statistical analysis software, and it amounted to EG1 participants coming from one hospital, EG2 from another hospital, and CG participants from a third randomly selected hospital (Mockiene et al. 618). However, the first and

follow up data collection samples encompassed 206 and 185 participants respectively, clearly expressing that some participants dropped out of the activity (Mockiene et al. 618).

Were participants, staff and study personnel ‘ blind’ to participants study group?

Holzemer affirms that RCTs are often single blinded-participants do not know whether they have been assigned to either experimental or control group- (83) or double blinded (neither the subjects nor the researchers know the actual groups of the participants) (84). Moreover, Curley and Vitale (82) also confirm that blinding or masking is undertaken in RCT to minimize biasness. In conjunction to this, the research carried out by Mockiene et al., using the RCT design, proves to be single blinded. In the study, the researchers are very aware of the specific groups the participants are assigned to, and they have used different processes of randomization to establish the groups (Mockiene et al. 618). On the other hand, the participants did not have any cue to whether they are experimental or control groups.

Were all of the participants who entered the trial accounted for at its conclusion?

As indicated in the results or deductions and data analysis, it is patent that not all the participants who participated in the trial were accounted for at the conclusion. According to Mockiene et al. 240 participants were recruited for the study, but only 206 participants featured in the first data collection sample, and 185 participants in the follow up data collection sample (618). In addition, Mockiene et al. have avowed that the number of participants was

raised to 240, in order to cater for the potential drop outs (618). However, the researchers have not given clear grounds to the difference between the recruited samples and the samples indicated in the data analysis.

Were the participant in all groups followed up and data collected in the same way?

It is perceptible from the research study that participants in the three groups were not treated in the same way. The first group, EG1, received a kind of educational intervention, which encompassed a two-day workshop of 13 hours each, and distribution of written materials (20 pages) (Mockiene et al. 618). In tandem to this, the content areas covered were; history, epidemiology, prevention, transmission, and counselling HIV and AIDS, and ethical reflection, and the intervention methods involved; lectures, group discussions, conversations with HIV-infected persons and watching films (Mockiene et al. 618). Further, the second group EG2 received another type of educational intervention, which involved similar written materials given to EG1, and an additional two pages about new statistics of the HIV situation in Lithuania and world in general (Mockiene et al. 618). Besides, CG group received neither lectures nor written materials (Mockiene et al. 618). Nevertheless, there were aspects of similarities, in data collection, in that EG2 and CG received same questionnaires at the same time by post, and reminder letters were sent to all participants (Mockiene et al. 619). Similarly, a post test was repeated to all groups after an interval of three months (Mockiene et al. 619). In line with this, the participants were assured of confidentiality and integrity in the reporting of the results (Mockiene et al. 619), thus, ensuring facets of equality among the participants.

Did the study have enough participants to minimise the play of chances?

As pointed out in the research study, the minimum required number of participants was to be 55 per group, following the power analysis for a one-way ANOVA (Mockiene et al. 618), and this was too low in relation to the applicability of the study and could warrant unreasonable reliability and validity (Curley and Vitale 109). In light with this, the number of the sample size was increased to 240, withal, the minimum number requirement of the participants, supposedly to ensure a reliability and validity (Mockiene et al. 618). Thus, it is with clear conscious that the study utilised enough participant, and this aided in accounting for possible dropouts, biasness and the effect size of the study, which is analogous to Curley and Vitale assertion that larger the sample size, smaller the effect size, which amounts to a more stringent significance level and vice versa (65).

How are the results presented and what is the main result?

Since the research is a quantitative research, results are presented as statistical data, which are descriptive, and this is clearly depicted in the research. The range and the mean of the participants (nurses) are given as 23-67 years and 43. 1 respectively, and the standard deviation depicted as 8. 8 (Mockiene et al. 619). Moreover, the mean, and standard deviation of the length of the nurses' working experiences is also issued, and every aspect of the demographic difference is demoed in tables that consist of all the tested variables, groups, mean score, standard deviation, median and P-value (Mockiene et al. 620). In light with this, the principal result is that the educational intervention-workshop and written materials-did not have

substantial impingement on the nurses' cheerful compliance to take care of HIV/AIDS victims (Mockiene et al. 619). Also, it is realised that the participants had the disposition of taking care of people living with HIV/AIDS (Mockiene et al. 619).

How precise are these results?

The researches have used various parametric and non parametric touchstones, basically student's t, ANOVA, Mann-Whitney and Kruskal-Wallis tests, to compare the groups. Similarly, the assessment of internal consistency of the scales was achieved through Cronbach's alpha, and the statistical significance was set as per the p-value of less than 0.05 (Mockiene et al. 619). Even so, the confidence interval is not given, but the Cronbach's alpha set at 0.83 (before intervention) and 0.81 (after intervention) and the p-value of less than 0.05 by Mann-Whitney Test, depict the results as precise. However, Tappen (320) confirms that confidence interval is the best tool in determining result precision.

Were all important outcomes considered so that results can be applied?

According to the results stated in the research, all the indispensable outcomes were taken into consideration. The participants used in the study were purely nurses, thus indicating that they are from the same field of profession, and thence, the results can be applied in other set of similar participants. Also, the setting used was simple, since it only involved the willingness of the nurses to take care of people living with HIV/AIDS, hence making the results applicable. However, the basic form of intervention

offered was educational intervention, although not effective in the study, it makes the results inapplicable.

Works cited

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