

# Reading research literature 1 essay example

[Experience](#), [Failure](#)



Sanford, J., Townsend-Rocchicciolli, J., Horigan, A., & Hall, P. (2011): A process of decision making by caregivers of family members with heart failure. *Research & Theory for Nursing Practice*, 25(1), 55-70.

The purpose of the research, ' a process of decision making by caregivers of family members with heart failure: Research and Theory for nursing practice' was to find out how family members of individuals who have heart failure make decisions. A decision making process which consisted of many actions was gotten. The actions included seeking information and input, reflecting, supporting, choosing and validating the decision.

The research questions were, one, how do caregivers of family members with heart failure make decisions? Two, what is the process involved in making these decisions? Three, how do these decisions affect the family members, the caregivers and the sick person?

This study contains a lot of characteristics that show that the study is qualitative in nature. The first thing that gives this kind of evidence is the language used. The authors use key words such as heart failure, care giving and decision making. Though it uses quantitative data such as percentages and population numeration, most of the study is qualitative. It examines decision making by caregivers, the process involved and how they come to an understanding. Another characteristic that shows that this study has qualitative characteristics is that it gives nurses ways to understand the decision process by caregivers. The study ' describes' the decision making process that caregivers go through when they have patients who suffer from heart failure.

There is evidence that this journal is peer-reviewed. Bradley and O'Leary

studied and gave more information when they studied the end of life care. Another reason that shows that this journal is peer-reviewed is the comment made by Quinn and Higgins when they examined the congruence degree between Heart Failure patients and their caregivers. They said that when they examined the patients, they found that their responses were substituted for the caregivers who took care of them. In this journal's website, the names of the peer reviewers are there. But there is no board that was mandated for this great task. Therefore, though there were peer-reviewers, there was no board.

There is some evidence of conflict of interest in the journal. The author attempts to find out the decision making process by caregivers. As Heart Failure progresses, the patient becomes more difficult to handle. The caregiver, therefore, needs to put more effort in helping the patient cope with both emotional and physical difficulty. The complex decision is to decide whether to care for the patient or not. Luttik in his ' Caregiver Alliance' contrasts Stanford's findings by stating that caregivers do not have to have a process of making decisions. He states that caregivers do what they do because they have been trained to do that and they, thus, they have professional obligation to do so.

The population of this study consists of patients with heart failure and their caregivers. The study was done in hospitals and homes. The sample was selected through records. The strength of the sampling strategy is the assurance of the clarity and truthfulness of the records. The subjects in the study were vulnerable. Nevertheless, it was not as a result of the study. The patients were vulnerable as a result of their conditions. The caregivers were

vulnerable because of the responsibility of having to take care of heart failure patients. The participation of the subjects in the study did not in any way affect them. There are no HIPAA concerns in the study. This is because the study was done in an ethical manner. All the rules were followed. The privacy of the patients was respected and their names were not revealed unless they gave the permission to do so.

Schwarz, K. A., Mion, L. C., Hudock, D., & Litman, G. (2008). Telemonitoring of heart failure patients and their caregivers: A pilot randomized controlled trial. *Progress in Cardiovascular Nursing*,

Like Sanford's study, this study also dealt with heart failure patients and their caregivers. However, this study was a pilot project. The purpose of this study was to find out whether the telemonitoring was the best form taking care of heart failure patients and whether it was effective. In contrast with the more advanced care giving of the patients like face to face form, this one involves only monitoring the patients through telecommunicating. The two professionals did a random study on patients who suffer from heart failure. They also chose their caregivers randomly. They found out that over 60% of all people above the age of 60 suffer from this condition. It is estimated that the United States spends up to 27 billion dollars on patients with heart failure problems.

The research questions were, one, does telemonitoring reduce hospital readmission of patients who have suffered heart failure? Does telemonitoring reduce costs associated with heart failure? The research questions were implicit. They were not direct. In as much as they were implied, they were answered. The author of this study explained the design of this study. He

said that the sample which was taken under consideration was divided into groups. All of which were studied the same way. Questions were asked to the participants and records taken. Some of the patients allowed the author to accompany them home. Data was both qualitative and quantitative. There are a number of characteristics that the study shows that it is quantitative in nature. First, the data is numerical. For example, the percentages and the resultant explanation is due to the numbers. For instance, the study found that 24 per cent of all patients that had suffered heart failure were depressed. They also found that these patients separated themselves from the society. They no longer wanted to associate with others and depressive thoughts followed them. The author measured the depressive thoughts of these people. The depression levels were measured and it was found that 40.7 was the average. This is by far very high. Another characteristic that shows that this is quantitative study is the fact that it uses numbers in almost the whole report and explains the data. Was it a qualitative study, numbers would never have been used. Only explanations would have been given.

This journal is not peer reviewed. There is no evidence of it. In the previous journal, there were critics and comments. Nevertheless, this one does not have any of it. This means that there was no board at all. Though Sanford's study had no board to review it, it had critics. It was peer-reviewed. Since it was not reviewed by anyone, it has no conflict of interest. This in most cases because it was a pilot project. Therefore, nobody had much interest in it. Consequently, it had no reviewers at all. Nobody was interested because it was not a real study, but a pilot study. Since it was successful, real studies

would be conducted later. The population under study was patients who were discharged from hospitals after suffering heart failure. They were divided into two groups. The patients numbered up to 100 with 84 dyards. The sample was selected through a process which identified the heart failure patients. Hospitals were very helpful since they gave records. They also allowed both their patients and employees to be monitored.

The subjects of this study were vulnerable; the author found out that most of them were depressed. However, as the study was on the process, they were vulnerable to the actions of the reach and his associates. This is because the study involved paying close attention to the people involved. There were a number of issues which were concerned with HPAA. One, the privacy of the patients was infringed. Then, the patients revealed very personal details which they were probably reluctant to do. Human beings are not like guinea pigs, they therefore have the right to privacy. Another issue which has to do with HPAA is the fact that the records of the patients were shared with a third party. Medical records are things that are very private. When they are shared, it becomes an unethical matter. Patient-doctor relationships are very private. When the records reach a third party, then it is plainly wrong. Medical ethics are of value in the field of medicine. Therefore, when these ethics are not followed, then it is wrong. The rules must be followed.

## **Works Cited**

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