

Quality of care for diabetic patients in a large urban public hospital

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Critical Appraisal of the Validity and Applicability of the Research Study

Suwattee, Lynch and Pendergrass stated that there lies a gap between current and desired practices with regards to providing care to diabetic patients (563). In order to test clinic wide differences in primary care to diabetic patients, they evaluated diabetes care in a large urban public hospital which provides primary care to diabetes patients through a diabetes clinic, a clinic staffed by internal medicine residents and another clinic staffed by faculty physicians (Suwattee, Lynch and Pendergrass 563). They relied on hospital records mainly from the quality improvement department to collect data pertaining to patient characteristics and information on their follow up by physicians (Suwattee, Lynch and Pendergrass 565). They analyzed the data using χ^2 test, ANOVA, Fisher's PLSD test to observe categorical and continuous variables, while taking the help of SAS statistical software (Suwattee, Lynch and Pendergrass 565). They concluded that diabetes clinic provided the highest quality care while clinic staffed by internal medicine residents provided the intermediate and the other clinic staffed by faculty physicians provided the least amount of care (Suwattee, Lynch and Pendergrass 566).

Validity: As it was mentioned by the authors, the research was mainly based on documented reports rather than direct observations. Also, if their pre-existing favorability towards diabetes clinic had made them perform an overlooked biased study with respect to selection and testing of measures, the internal validity would have been in question. However, the documentation of their data analysis and the correlation of results and assumptions with relevant published data suggest that the study can be

considered as validated. From the data, assumptions and relative measures provided by the authors, it can be stated that the results of this study have content, predictive and concurrent validity, respectively.

Applicability: The main point identified in this research was that diabetes clinic having a disease-management process provided highest quality care to patients (Suwattee, Lynch and Pendergrass 567). It was in spite of the fact that some aspects of the care in the diabetes clinic are provided by least experienced personnel than those in the clinic staffed by faculty physicians. Adherence to standard guidelines for patient care through a system wide coordination among involved providers is the key for this difference (Suwattee, Lynch and Pendergrass 563&567). Though this comprehensive approach seems widely applicable, the fact that even the diabetes clinic's score was also suboptimal indicates that applicability needs long-term commitment and participation of all involved entities.

Recommendations to Improve Validity and Applicability:

1. Direct patient interviews and consideration of final clinical outcomes would improve the study's validity. For the study heavily relied on records and process of patient care than clinical outcome. There lies a chance that records might contain wrong data and the care provided by least experienced staff can be mostly symptom based and may have untoward final outcomes.
2. Enhanced focus on exact parameters that improved the care standards would further assist in their applicability to similar healthcare settings.

Works Cited

Suwattee, Pitiporn, J. Christopher Lynch and Merri L. Pendergrass. " Quality

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