

# Analysis and implications for practice of qualitative research report

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## Analysis and Implications for Practice of Qualitative Research Report

Introduction Various factors need to be considered when evaluating a research study according to Law, Stewart, Letts, Pollock, Bosch and Westmorland (1998). The evaluation of such a study involves the consideration of such factors as the research objectives, literature review, design, methodology, data collection and analysis, results and conclusion according to the University of New South Wales (2011). The following sections of this paper are dedicated to analyzing the research article “Pneumonia care and the nursing home: a qualitative descriptive study of resident and family member perspectives” The authors of the work are Soo Chan Carushone, Mark Loeb, and Lohfeld Lynne. The research report was published in 2006. With changing social values and demographics, long-term care demand is also increasing in facilities. The number of patients spending time in nursing homes before their deaths is increasing, and is expected to increase further in the next coming years. Pneumonia is a major cause of mortality and morbidity among residents of nursing homes, which consequently lead to their hospitalization according to Carusone, Loeb & Lohfeld (2006). Therefore, a research to determine the best way to handle pneumonia patients was carried out from the family member and nursing resident’s perspective, using qualitative descriptive research. The following is an analysis and implications for practice of qualitative research report. That is, how effective is the use of qualitative research in providing solutions to the problems of pneumonia from family member and resident perspectives. The research was conducted using twenty participants, which is a very small representative sample. Though the fact that the trials were

tested determined from controlled multi-centered randomization, the small number of the representative sample could give invalid data. Literature Review An estimated number of 46% Americans, over 65 years old and suffering from pneumonia, spent most of their time in nursing homes before their death according to Carusone et al (2006). However, Carusone et al (2006) state that this number is likely to increase, by more than double, by the year 2020. The clinical complexity and functional dependence of health problems are also increasing, thus demanding an increase in long-term care facility. In 1997, US National Nursing Home Survey conducted a research and found that, of elderly residents of nursing home, 75% needed help in three or more of their daily living activities like bathing, dressing, toileting, change of bed or chair, and eating. Unfortunately, 445 had pneumonia related illnesses. These sources are not very old, since they give information gathered in the recent past. Additionally, they are effective because they also focus into the future. That is, the expected pneumonia rates by 2020. Although many of the residents have pneumonia related complications, they had to be transferred to the hospital for diagnosis and medical services. Hospitalization complications suggest that intensive medical care need to be provided in nursing homes, so as to effectively assist pneumonia victims. The nursing practice areas that were studied were pneumonia and other lower respiratory tract infections and how they contribute to morbidity and mortality among residents of nursing homes. Since separation of health care provision environment and health care provision itself cannot be separated, researchers argue that health care provision should only be based on the important issues. Carusone et al (2006), in this regard, state that the

perspective of older adults, their friends, families, and health care providers should also be taken into account. This is a valid opinion since they play a major role in determining the health status of such people, especially when they are under suffering.

**Study Design** The type of design used in the study was participatory action research. The research design was congruent with worldview beliefs of the researcher because it sought the opinion of the participants in an acceptable way. The depth of understanding of the researcher can be identified in relation to topic exploration. That is, what nursing residents, as well as their families want in regard to caring for those suffering from pneumonia. The researcher hopes to find the best care for pneumonia patients, either to be attended from home, or be hospitalized. In this case, the findings that emerge from the data are that; whether it is offered from home or hospital, they need to be involved in the process of decision-making.

**Methods** The method used by the researcher was through conducting a survey using interviews and audio tape recording. The study involved multi-centered controlled clinical trials that were randomized. The trials tested the utility and effectiveness of use of a protocol to treat nursing home-acquired pneumonia. In the protocol, Symptoms and signs of pneumonia were listed. Twenty nursing homes were randomly selected in southern Ontario and then and then matched by size. One person from each pair was selected randomly and allocated the clinical pathway. For eight months, Nov 2003-June 2004, nurses who were undertaking the research approached residents or their family members, who participated in the study. The data was collected by interviews. This part is more of sampling technique than method (Carusone et al., 2006).

**Sampling** The process for

purposeful selection of participants is described. After following up the clinical trials for 30 days, residents suffering from pneumonia, together with their family members participated in the qualitative study (Carusone et al., 2006). This sampling was purposeful because it aimed at selecting participants that were rich in information and well describe the experience in the study. Therefore, only those who could remember their experiences or experiences of their very close family members were involved in the process of decision-making. The sampling done did not reach redundancy, though their goal was to reach saturation level, due to limited number of eligible participants. A strong consensus was however reached among the views of participants on major topics that were raised during the collection of data.

**Data Collection** The event/phenomenon descriptors under study were clear and complete. The interviews were conducted using semi-structured interviews, where individuals were interviewed one at a time. They were given enough time to address the questions, but only one interview was recorded in a tape. Intensive notes were also taken during and after the interview. The assumptions made by the researchers were that the participants needed to be involved in decision making. Though it was incorporated in the other interviews, it was not clearly anticipated.

**Data Analysis** The data analysis process was inductive because it involves the five steps: description, data organization, connection, corroborating, and account representation. The findings were consistent with the reflective data because results were linked with supporting quotes and interpreted in accordance to the relevant literature. The process of transforming data into themes was adequately described through concurrent analysis of earlier transcripts with

on-going collection of data so that emerging themes could be easily pursued in later interviews. Trustworthiness was established since the interview was conducted on a one on one basis and information was only shared among researchers. Conclusion Given the study findings the conclusions were appropriate because they have important implications for future research and practice on pneumonia for residents of nursing home. The findings contribute to nursing knowledge by developing their ability to care for both diseases. It also provides them with the knowledge to provide medical care, personal attention, and comfort that were consistently identified by the participants, thus providing good quality care. References Law, M., Stewart, D., Letts, L., Pollock, N., Bosch, J., Westmorland, M. (1998). Guidelines for Critical Review Form - Qualitative studies. Qualitative Review Form Guidelines. Hamilton, ON: McMaster University Occupational Therapy Evidence-Based Practice Research Group. Carusone S., Loeb M. & Lohfeld L. (2006). Pneumonia care and the nursing home: a qualitative descriptive study of resident and family member perspectives. BMC Geriatrics 2006, 6: 2 University of New South Wales (2011). Writing a Critical Review. Retrieved 23 September, 2011 [http://www. mmu. ac. uk/tips/downloads/postgraduate/writing\\_critical. pdf](http://www.mmu.ac.uk/tips/downloads/postgraduate/writing_critical.pdf)