

Experiences of
severe chronic
obstructive
pulmonary disease
nursing essay



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The author of this assignment will critically appraise a qualitative study. Qualitative research is a more holistic approach and is concerned with the subject's attitudes, beliefs, experiences and behaviours. It focuses on understanding and interpreting behaviours within a natural setting such as their homes or normal surroundings. Greenhaugh & Taylor (2007). The study being used is by Fraser et al (2006) – “ Living with chronic obstructive pulmonary disease: insiders' perspectives”. Journal of Advanced Nursing. Vol55 (5), pp 550-558.

This assignment will look at the researchers suitability to undertake this study, the purpose of the abstract, the research design and how it relates to the aim of the study, it will also summarise the literature review used by the authors, any ethical issues that were addressed by the researchers, the limitations will be discussed, the population and sample size and how the data was collected and analysed.

The lead author of the study is a critical care clinical nurse specialist that has hospital experience in pulmonary nursing, which stimulates her interest to understand COPD and its affects from the patient's perspective, in addition to this the other authors are all registered nurses and have PhD's. This suggests that they are all appropriate candidates to conduct this study. This information is documented directly under the title and by knowing that they are all professional nurses they must adhere to the Nursing and Midwifery Council code of conduct (NMC) by continuing to update their knowledge, this also reassures us of their suitability for this study.

The title of this article clearly explains what the article is about, the article is clearly written, and by using very little jargon it was therefore easily understood by the reader. The abstract used, is very informative and tells us the aim of the study, the methodology used including the sample size and how the data was collected; it also includes their findings and their conclusion. The purpose of the abstract is to give the reader a clear overview of the article (Polit & Beck, 2010). The purpose of the study was to gain experiences of older adults with severe chronic obstructive pulmonary disease, with the aim of gaining an understanding on how it had affected them, and the ways in which they integrated the illness into their lives. The authors used a hermeneutic phenomenology design, as this uses peoples lived experiences and gives a better understanding how the individual interprets their day-to-day experiences (Polit & Beck, 2010). This was a suitable design as the study participants were all diagnosed with severe (COPD) using the Global Initiative for Chronic Obstructive Lung Disease (GOLD, 2001). The use of a hermeneutic phenomenological study allows the researchers to use semi-structured interviews with open ended questions, which Fraser et al used along with audio equipment and transcripts to gather the information. This design allows the participants to elaborate their response to the questions. Fraser et al's method of sampling used was purposive sampling; this provides in-depth information from their participants. They used 10 participants who were living at home, they were all English spoken and were willing to talk about their experiences. Saks and Allsop (2007) encourage this method of deliberately targeting people who fit the criteria, as it means all those participating will actually have lived the experience. It is an effective way to obtain a sample, although it may

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produce biased results, as the sample is not typical of the population. The sample size was appropriate as in qualitative studies these often use a smaller number of participants (Polit & Beck 2010). The interviews were conducted within the participant's homes or the hospital's pulmonary rehabilitation centre, this is a significant factor as it makes the participant feel more at ease, which could make them open up and share more of their feelings and emotions (Kvale, 1996)

The researchers carried out several literature reviews on COPD and found several qualitative studies that explored specific problems associated with COPD had been carried out before. Priest, H et al (2006) state the purpose of a literature review is to provide us with information which has already been written on the topic in question, in this case COPD. The studies have been as recent as 2005 and in some ways many of the problems identified are also identified in the article by Fraser et al (2006). An example of this is Barnett (2005); he talks about how people suffering with COPD lose their functional ability, and tells us of the emotional experiences of patients coping with COPD. Also a study by Bailey (2001), informs us that severe episodes of dyspnoea leave COPD patients fearing for their impending death, with patients claiming that they feel every breath they take may be their last. The impact of dyspnoea was also discussed by Fraser et al (2006), they stated that ' the impact was great and invaded almost every aspect of their lives'.

Prior to the study the researchers were granted ethical approval by the sponsoring university and the hospital institution review boards. Each participant in the study was contacted by telephone calls and given a brief explanation as to the purpose of the study. All participants should give some

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form of consent when taking part in any research study, before they consent to participate they should be made fully aware of the researchers objectives, informed of the information that is required from them and how the information will be used in the research, also of any implications for them taking part in the study (Crookes & Davies, 2006). The author states consent was obtained prior to the interviews, but there is no mention if this was verbal or written consent, nor if the participants were informed that they could withdraw from the study at any time. Parahoo (2006) state that each participant of the study must be clearly informed that they can withdraw at any time of the study without the need to give any explanation with the assurance that it will not affect their care and treatment. The authors failed to mention if they were informed, therefore the whole issue of consent should be questioned.

The author's exclusion criterion was the presence of a cognitive impairment, such as dementia. This is justified as the Declaration of Helsinki (World Medical Association 1964) states that a person who is mentally incapable of giving consents should not be included in research. Beneficence, which is an ethical principle that should always do what's best for the participant and put the patients needs first. (Tarling & Crofts, 2002). Fraser et al's study would help nurses and carers gain a better knowledge and understanding of how to help patients suffering from COPD, this could only benefit patients suffering from this chronic illness. By the nature of this study anonymity to the researcher is not possible due to the data collection tools, these being interviews and observation (Polit & Beck, 2010). Although, Fraser et al inform

us that the participants are unidentifiable throughout the interview tapes and transcripts which were used, this ensures confidentiality.

Data analysis in qualitative studies is an important step to decide the credibility of its findings (Gerrish & Lacey, 2007). In Fraser et al's study they used Colaizzi's (1978) seven steps method which involves analysing human behaviour and observing the participants during the interview. Fraser et al used two of their participants to review their findings of the study based on their personal experiences with COPD, according to Colaizzi (1978) the purpose of this is to validate their findings. In addition to this, there were two independent researchers who also reviewed the transcripts and develop themes, these were compared and differences were resolved until consensus was reached. Fraser et al also used verbatim quotes from the participants throughout the study, which helps provide rich descriptions of the participant's experiences. This establishes rigour and credibility within the study.

Fraser et al identified three themes from the study, 'Knowing what works', 'Hanging on.... barely' and 'Losing control-gaining control'. This relates to dyspnoea and how each of the participants manage to resolve their shortness of breathe, it also tells us what doesn't work for the them.

Dyspnoea is not a new symptom in COPD as the recent studies by Barnett (2005) and Bailey (2001) stated that dyspnoea was the main symptom of COPD, causing patients fear and anxiety. Additionally by using participants who were attending the pulmonary rehabilitation programme Fraser et al acknowledge that this may be the reason they received a positive approach by the participants in managing their illness.

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