A Critique of Trustworthiness and Credibility in Research-Key Element

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Credibility in Research-Key Element

**Review the following article**

Zamanzadeh, V., Jasemi, M., Valizadeh, L., Keogh, B., & Taleghani, F. (2015). Effective Factors in Providing Holistic Care: A Qualitative Study. Indian Journal Of Palliative Care, 21(2), 214-224. doi:10.4103/0973-1075.156506

What is the specific design used for this research study?  Was the design explicit in the article?  Would you describe it in the same way?

The article listed above is a qualitative designs is not the best choice because the  there is no measurement of an intervention or the effect of one.  However, qualitative approaches to design are appropriate when the purpose of the study is to understand the meaning of a phenomenon (Houser, 2018).  Phenomenology is the appropriate design for examining what factors affect the nurses’ (respondents) provision of holistic care.

What was the sample for this study? How were the subjects selected for recruitment?

 ”In the case of qualitative research, the goal is credibility rather than generalizability, so selection methods are purposeful in nature” (Houser, 2018, p. 161).  For this article the sample size is 14 Iranian nurses.  Purposeful selection method was employed but the sample size is felt to be both inadequate and biased.  There are only 3 males and 11 females selected from 4 cities (Zamanzadeh, Jasemi, Valizadeh, Keogh, & Taleghani, 2015).  Not knowing the population of nurses in Iran, or the ratio of male to female nurses, I feel this sample is inadequately sized and is biased towards the level of care presented in “general” wards.

Describe the data collection strategies. Were they appropriate for the study objectives?

The data were collected using private unstructured interviews which lasted between 60 and 90 minutes. All interviews were recorded and transcribed. Based on initial data analysis additional questions were asked (Zamanzadeh et al., 2015).   Then only 4 respondents were given a second interview to clarify emerging information (Zamanzadeh et al., 2015).  Were these appropriate for the study? No. There was only one unstructured question and although open ended, does not lend itself to purposeful data collection.  Even though the data was coded using a professional database specific to qualitative research.

Describe the procedure used for analysis. In what ways did this approach support the credibility and trustworthiness of the results?

 Interviews were tape-recorded, transcribed, and coded line-by-line by MAXQDA 2010 software which was used in the initial stages of coding. Those codes were compared and categorized according to themes based on similarity (Zamanzadeh et al., 2015).   Then one researcher re-read the transcribed interviews and reviewed the codified data and subsequent analysis.  To increase dependability the research team re-read the transcribed data and conducted discussions until a consensus was reached (Zamanzadeh et al., 2015).  This method of review and analysis does not support trustworthiness in the results.  Discussions to reach a consensus, feels more like argument until everyone agreed with whoever’s analysis or opinion was dominant.

Was the coding scheme emergent or predetermined?

The coding scheme was emergent and analyzed by the  MAXQDA  (professional software for qualitative and mixed methods data analysis) 2010 software.  The program itself does not define the material, that is done by the researcher(s).  In the scope of this article similarities were named then coded.

What was appropriate about the reporting format? How could it have been strengthened?

The reporting format was appropriate to the conversational nature of the research.  The “snippets” of actual dialogue helped strengthen the premise that holistic care is not adequately covered through the nurse’s educational modalities.  The format could have been strengthened by sharing the coding matrix and how those codes were defined based on the transcribed dialogue rather than publishing the context of the conversations.

Appraise the strength of this research as evidence for practice. In what ways could these findings be applied to nursing?

There are conflicts in this research specific to the ethnocentric views and values of the specific culture of nurses.  In my opinion the research isn’t reliable given the sample size and the influence of the research team on the interviews and coding.

As to the findings being applied to nursing, it was revealed that “that the educational system, working environment, and motivational factors are major factors in providing holistic care and are not appropriate enough in Iran to lead to holistic care, and Iranian nurses tend to stick to their routine duties and satisfy patient's clinical needs only “(Zamanzadeh et al., 2015, p. 224).  For nurses in every country the culture of their society permeates their perception of nursing care (Spector, 2016).  This research has shown that education can only assert limited principles and concepts within the confines of the culture and societal norms in which they are taught.  In order to achieve a more holistic patient care model, the Iranian education system would need to be revamped to include needed learning objectives to impart that patient care model.

References

Houser, J. (2018). *Nursing research: Reading, using, and creating evidence* (4th ed.). Burlington, MA: Jones & Bartlett Learning.

Spector, R. E. (2016). *Cultural diversity in health and illness* (9 ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

Zamanzadeh, V., Jasemi, M., Valizadeh, ., Keogh, ., & Taleghani, . (2015, May-August). Effective factors in providing holistic care: a qualitative study. *Indian Journal of Palliative Care*, *21*(2), 214-224. http://dx.doi.org/10.4103/0973-1075.156506