Critical Evaluation of Qualitative or Quantitative Research Study

Name

Institution

**Case 3: Introduction**

The study under evaluation is case 3, which is research looking into "[Patients' and partners' health-related quality of life before and four months after coronary artery bypass grafting surger](https://learn.americansentinel.edu/pluginfile.php/786736/course/section/122027/Study%203.pdf)y.” Usually, patients who have undergone this procedure will be incapacitated, becoming dependent on their partners before and after the operation when they need any assistance. Whereas the patient's mental and physical health improves after the surgery, little is done to determine the partner's well-being who will be the patient's primary caregiver once they have been discharged from the hospital. Therefore, the research aimed to create awareness of the partner's significance to be both physically and mentally fit since they play a big role in patient recovery (Thomson et al. 2013). This paper seeks to evaluate the credibility of the research design used critically, apply professional citation of other sources, analyze the procedures used, and establish the study's contribution towards evidence-based practice.

**Critical Evaluation**

In critiquing this research to determine its quality to qualify as a reliable research paper in the practice of nursing, I have used Houser's checklist. The checklist helps assess the credibility of the evidence provided in the study and determine whether the research's integrity was not affected by any biases (Houser, 2018). First on the checklist is determining whether the author is qualified enough to do this kind of study. This entails looking at such related studies they have done in the field and how credible they were. The author should also be free from doing any form of biased studies that may look to suggest a predetermined outcome. In this case, all the authors Thomson, Niven, Peck, and Eaves are renowned scholars and health practitioners working with the University of Stirling in Scotland. The article is also peer-reviewed, thus cementing its credibility to have reliable information. There is no monetary gain connection between the authors of the study and the outcome they were making, thereby erasing the possibility of having a little effect through skewed research. All the correspondents are family members of patients who have undergone the procedure.

Next on the checklist is evaluating the problem statement to see whether it answers all the issues the study seeks to address. The authors have narrowed down the problem statement to make it easy to understand and straightforward to determine the outcomes the study should bring. The research paper's background provides a clear summary of the condition, which can help the reader clearly understand the procedure and how the patients’ partners play a role in the recovery process.

The third critique or checklist is looking at the ethical issues during the study period. All the correspondents were a group of patients who have undergone the procedure in the clinic. The selected partners are the ones that the patient had listed as their primary caregivers at home, thereby eliminating the interviewing of family members not residing together. All the survey participants joined voluntarily, and no one was coerced to taking part in it. Partners who had other conditions that could hinder them from giving care to the patients were excluded, and in their case, the able family members that would be offering the care were used. Finally, nth research meets the credibility of ensuring the patient's privacy of information. The study did not put any additional risk to the patient, exposing them to long interviews. Their partners are the ones who took part in a greater part of the study. Finally, there is evidence of ethical approval granted by the University of Stirling and the local National health services research and ethics committee for the survey to be carried.

The other checklist that I chose to use is evaluating evidence-based literature review (Houser, 2018). The article is well authored to capture the patient's caregiving condition after they have been discharged. It looks at previous studies that have been done relating to this condition, although this specific one that the study seeks to address has not previously been done. Although past studies have shown how the quality of care given after discharge influences the patient's recovery, there is not one that has been done specifically to look at the patient partner's condition. However, the article references some related previous studies to establish a relationship and bring out the need for having the survey carried out to improve on the care given to the patient. It captures how rampant the condition is by looking at the cases that have already been diagnosed in the United States alone, helping the literature review bring out a clear picture of how common the condition is and the need for further studies on how to provide the best care (Wakefield, 2014).

Any credible research should have a reliable sampling strategy to ensure the results arrived to represent the realistic picture. Therefore this forms my fifth checklist to look at the quality of data used in carrying out the study and the method used in collecting the data. A sample of 84 patient-partner pairs was picked, and these were the ones that were scheduled to take the surgery procedure or had undergone the process within the past four months. To show the partners' credibility meeting the required threshold for taking care of the patient, five patients gave other family members other than their spouses. This shows the study's credibility in ensuring all the caregivers resided with the patient and were capable of providing the care. The report also excludes patients who succumbed during the study period, which guarantees that the data was collected from a sample that met all the study requirements. It also acknowledges the probability of some study participants not giving accurate information, which can make the study's outcome not exact.

Next on the checklist is what Houser refers to as the evaluation of the measurement strategy. This looks at the methodologies used to collect the data for the different parameters that needed to be measured (Houser, 2018). The report shows the other parameters that the researchers were collecting data. The patients and their partner's health survey was done both before and after the operation using the UK short-form health survey. Data for the patient's health-related quality of life before the surgery was collected using the UK version of the Seattle angina questionnaire. The post-operation questionnaire was done only when the patient showed angina symptoms. The questionnaire was also extended to the patient’s partner so that their fitness to take care of the patient could also be analyzed. Assessment of the patient’s symptom severity before and after the operation was also another parameter that was measured (Schreiber, 2016). Finally, the patient and the partner's demographic data were collected to show the evidence that the two were living together to qualify as the immediate caregivers and to ensure that they met the criteria demographics set for the study, such as age.

The other critical evaluation I carried out is checking the quantitative results obtained to ascertain their appropriateness. All figures, tables, and graphs presented in the table are well labeled, and the data presented is consistent with the information that was supposed to be collected. The methods of data collection used are also internationally accredited forms of collecting health-related data. The researchers have also carried out a credible analysis of their data to identify results that answer the research questions.

**Study Contribution to Evidence-Based Practice.**

Throughout the research, the authors have referenced credible sources of their statistics and information. Also, they come up with conclusions to their studies after surveying the target population, cementing their dedication to carry out a nursing practice that is anchored on evidence. Generally, this is a fact-finding report to show how the patient partners' well-being influences their recovery, helping make informed decisions once the studies have proven the correlation that exists.

**References**

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