

Exercise 1

The following references are taken from abstracts for journal articles or the MEDLINE and CINAHL databases. For each of the six references mark all the words or phrases that identify this item as qualitative research.

Reference One

"I just take what I am given": adherence and resident involvement in decision making on medicines in nursing homes for older people: a qualitative survey.

Drugs & Aging. 26(6):505-17, 2009.

Hughes CM. Goldie R.

BACKGROUND: Adherence to medication is generally considered to be poor in many patient groups, but little is known about adherence to medication in the nursing home setting. It is also unclear if residents in nursing homes are involved in decision making about medication.

OBJECTIVE: This study sought to explore adherence to medication and resident involvement in prescribing and decision making in regard to medicines in the nursing home setting.

METHODS: This was a qualitative study. Participants took part in either semi-structured interviews (general practitioners [GPs] and residents) or focus groups (nurses) to discuss issues around prescribing and adherence to medication in nursing homes for older people in Northern Ireland. All interviews and focus groups were digitally recorded, fully transcribed and analysed using the principles of constant comparison. **RESULTS:** Eight GPs and 17 residents participated in semi-structured interviews and nine nurses participated in two focus groups (n = 4; n = 5). The main theme that emerged was control, which was manifested in many ways. Both groups of healthcare professionals needed to maintain control of prescribing or administration of medication in order to ensure safety, quality and continuity of care. All residents accepted control without question, reported that they were adherent to medication and had little involvement in prescribing decisions or administration of their own medicines. Although the healthcare professionals thought that more involvement in decisions around medication would contribute to resident autonomy and empowerment, it was also recognized that this could adversely affect control within the nursing home. **CONCLUSION:** Although adherence with medication was generally perceived not to be a problem in the nursing homes setting in this study, other findings raise major challenges for resident involvement in an important aspect of their own care. Although there may be some residents, because of cognitive decline, who are unable to become involved in aspects of decisions about prescribing and self-administration, healthcare professionals providing care to these patients should strive to involve them as far as possible in their own care.

Reference Two

Sharing stories: complex intervention for diabetes education in minority ethnic groups who do not speak English

BMJ 2005;330:628 (19 March), doi:10.1136/bmj.330.7492.628

Trisha Greenhalgh, *professor of primary health care*¹, **Anna Collard**, *independent social researcher*¹, **Noorjahan Begum**, *independent social researcher*¹

Objective To develop and refine a complex intervention for diabetes support and education in minority ethnic groups, delivered through bilingual health advocates.

Design Action research framework—a variety of methods used in an emergent and developmental manner, in partnership with clinicians, managers, and service users, drawing especially but not exclusively on narrative methods.

Setting Deprived inner London district.

Interventions Development and evaluation of three components of the complex intervention: a group based learning set for bilingual health advocates, in which stories about clients with diabetes formed the basis for action learning; advocate led support and education groups for people with diabetes, which used personal stories as the raw material for learning and action;

organisational support to help to develop these new models and embed them within existing services.

Results Both advocate groups and user groups were popular and well evaluated. Through storytelling, advocates identified and met their own educational needs in relation to diabetes and the unmet needs of service users. In the advocate led user groups, story fragments were exchanged in a seemingly chaotic way that the research team initially found difficult to facilitate or follow. Stories were not so much told as enacted and were often centred on discussion of "what to do." Whereas some organisations welcomed, successfully implemented, and sustained the advocate led groups, others failed to do so. A key component of the complex intervention was organisational support.

Conclusions An action research approach allowed engagement with an underserved group of health service staff and with hard to reach service users. The study produced subjective benefits to these groups locally as well as a worked-up complex intervention that will now be formally tested in a randomised controlled trial.

Reference Three

"I'd rather not take it, but . . .": young women's perceptions of medicines.

Qualitative Health Research. 19(6):829-39, 2009 Jun.

Hansen DL. Holstein BE. Hansen EH.

Little is known about healthy young women's everyday experiences with medicine use and their general perceptions of medicines. In this article, we describe a user-perspective study involving in-depth qualitative interviews with 20 young women between the ages of 16 and 20 in Copenhagen, Denmark. Inspired by Schutz's phenomenology, informants' medicine-taking experiences were considered within the context of their life-worlds. Analysis revealed that the young women possessed predominantly negative perceptions of medicines, which were linked to a preference for complete avoidance of medicines and a desire to maintain a natural body ideal. The essence of participants' experiences was characterized by conflict, as most used medicines at least occasionally, despite the negative perceptions they held. Participants strove to make sense of their medicine-taking practices and provided rationales for their use of medicine, often based on perceptions of need and reduced personal risk.

Reference Four

Lives of rural women after myocardial infarction.

Can J Nurs Res 2005 Mar;37(1):54-67.

Caldwell P; Arthur HM & Rideout E.

This study examines the influences of rurality on the lives of women post-myocardial infarction (MI). Using a critical ethnographic approach, the researchers analyze in-depth interviews with 12 women from southwestern Ontario, Canada, for the ways in which their experiences were related to social, political, and cultural forces associated with rurality. Data analysis revealed 4 themes: reticence, characterized by a tendency to minimize worry and accept one's life post-MI; referral games, or the challenges associated with accessing tertiary care; resourcefulness in managing one's recovery; and relationships, with rural health professionals and institutions being highly valued. The findings have relevance for nurses in both rural and urban settings who care for women post-MI and form a basis for supporting and building culturally specific post-MI care.

PT - Journal Article

PL - Canada

MH - *Adaptation, Psychological

MH - Adult

MH - Aged

MH - Aged, 80 and over

MH - Anthropology, Cultural

MH - *Attitude to Health/ethnology

MH - Cultural Diversity

MH - Female
MH - Health Knowledge, Attitudes, Practice
MH - Health Services Accessibility/standards
MH - Health Services Needs and Demand
MH - Humans
MH - Internal-External Control
MH - Middle Aged
MH - Myocardial Infarction/ethnology/*psychology/therapy
MH - Nursing Methodology Research
MH - Ontario
MH - Professional-Patient Relations
MH - Qualitative Research
MH - Quality of Life/psychology
MH - Questionnaires
MH - Referral and Consultation/standards
MH - *Rural Population
MH - Women/education/*psychology
MH - Women's Health

Reference Five

Inpatient experiences of ward rounds in acute psychiatric settings.

Nursing Times. 2003 Feb 4-10; 99(5): 34-6. (17 ref)

Wagstaff K. Solts B.

This study explores inpatients' experiences of ward rounds. Eight patients on an acute admissions ward were interviewed using a semi-structured interview. Data was analysed using content analysis. The findings showed satisfaction with the ward-round process, but participants identified issues that could be improved upon, with some expressing feelings of fear and intimidation. A number of participants referred to decisions about their treatment being made before attendance and no participant expressed feeling part of the decision-making process. Despite study limitations it was concluded that some interesting themes were identified, which could be usefully explored in future studies.

Publication Type

Journal Article, Questionnaire/Scale, Research.

CINAHL Subject Headings

[Acute Care](#)

[Adolescence](#)

[Adult](#)

[Aged](#)

[Audiorecording](#)

[Content Analysis](#)

[Female](#)

[Interview Guides](#)

[Male](#)

[Middle Age](#)

[*Patient Attitudes](#)

[*Patient Rounds](#)

[*Psychiatric Patients](#)

[*Psychiatric Units](#)

[Qualitative Studies](#)

[Semi-Structured Interview](#)

Citations

Bains J, Vassilas CA. Carers of people with dementia: their experiences with ward rounds. Ageing and Mental Health 1999; 3:2, 184-187.

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Reference Six

The GRIT: a quantitative measure of ulnar impaction syndrome.

Journal of Hand Therapy. 2001 Jul-Sep; 14(3): 173-9.

LaStayo P. Weiss S.

The gripping rotatory impaction test (GRIT) is performed with a standard grip dynamometer and provides a quantitative measure for identifying ulnar impaction. The purpose of this study was to determine whether patients with unilateral ulnar impaction syndrome (UIS) have a GRIT ratio on the involved side greater than 1.0. Twenty-four patients with unilateral UIS were tested with the GRIT on both the symptomatic, involved side and the asymptomatic, uninvolved side. The GRIT was performed with a standard grip dynamometer, and testing alternated between each patient's involved and uninvolved sides, with the wrist in the neutral, supinated, and pronated positions, in that order. The GRIT ratio on the involved side, at 1.37, was significantly greater than 1.0. The GRIT ratio is a quantitative measure that identifies UIS and can be used as an adjunct to imaging studies and qualitative clinical tests for UIS. The GRIT may also be helpful in determining which patients with UIS might benefit from surgical ulnar shortening.

Publication Type

Journal Article, Pictorial, Research, Tables/Charts.

CINAHL Subject Headings

[Adult](#)

[Analysis of Variance](#)

[*Clinical Assessment Tools](#)

[Comparative Studies](#)

[Descriptive Statistics](#)

[*Dynamometry](#)

[Friedman Test](#)

[*Grip Strength / ev \[Evaluation\]](#)

[Linear Regression](#)

[Middle Age](#)

[Pain Measurement](#)

[Predictive Value of Tests](#)

[Repeated Measures](#)

[Syndrome](#)

[*Ulna / pp \[Physiopathology\]](#)

[Visual Analog Scaling](#)

[*Wrist Injuries / di \[Diagnosis\]](#)