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Relatives' Involvement in Nursing Care: A Qualitative Study Describing Critical Care Nurses' Experiences: Qualitative Research Critique

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Abstract: This paper is a critique of a qualitative research entitled "Relatives' involvement in nursing care: A qualitative study describing critical care nurses"(Engström, Uusitalo, & Engström, 2011) The aim of conducting this critique is to determine the strengths and limitations of a qualitative research study. This critique will be based on the criteria that suggested by qualitative research course.

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Keywords: Critical Appraisal, qualitative research, nursing care, relative involvement, critical care nurses.

1. General Information

This descriptive phenomenological study "Relatives' involvement in nursing care: A qualitative study describing critical care nurses" is related to my area of research interest where its' aim to describe the critical care nurses' experiences of relatives' involvement in the nursing care of patients in an intensive care unit.

The strengths of this study are: The language paper was clear, easy to understand, correct grammatically, and well organized. The flow of ideas was smooth and moving from one to another was reasonable in a logical consequence of the introduction, literature review, and methodology, findings, discussion, conclusion and study limitation.

For example, the study title is clear, understandable, accurate and identifying the type of study as qualitative descriptive, the phenomena of the study is explored clearly from the title as the "Relatives' involvement in nursing care", the title mentioned clearly the nature of the inquiry which is the critical care nurses' experience of relatives involvement in nursing care in the intensive/critical care units. In addition, the population of the study as the critical care nurses is clearly identified.

The weaknesses are: The process of maintaining the trustworthiness as using a member check was not used, or using data collection triangulation was not used. For example semi structured interview was used in this study, while using observation in addition to interview may as well enhance the trustworthiness.

Another weak point is that the decision of data saturation was not explicit. It should be clearly stated by the authors by saying that no new information was gained or state that data saturation will be gained after the patient transferred from intensive care unit.

2. Problem Statement, Significance and Aim of the Study

The problem statement and the significance of the study was clearly identified in the last paragraph of the introduction. The problem statement was clearly defined within the introduction as "There is a lack of studies describing critical care nurses experiences of relatives' involvement in the nursing care of patients in intensive care units", in addition to the significance" Increased Knowledge about this might lead to improved nursing care and better encounters with relatives".

In my opinion, it is a convincing rationale about the significance and the importance of the study of nursing practice in particular and nursing administrators to adopt new strategies to facilitate and delineate the policies and guidelines for the relatives' involvement in nursing care in intensive care units.

The aim of the study was written clearly in the abstract and in a separate title. The researcher reported "The aim of this study was to describe the critical care nurses experiences of relatives' involvement in the nursing care of patients in an intensive care unit". The researchers addressed the need of the study adequately through the introduction which exhibited the background of the phenomena and the relationship between the critical care nurses and the relatives and the extent of the impact of intensive care unit stay of a patient on their relatives.

The philosophical underpinning of this study was not written explicitly, so the reader need to infer what they are?

3. Review of the Literature

The literature review was apparent in the introduction and in the discussion sections, it was comprehensive and relevant to support the nature of

inquiry and meet the philosophical underpinning of the study, it started in an organized, logical manner and it was reported shortcomings of relevant literature, for example: "There is a lack of studies describing critical care nurses experiences of relatives' involvement in the nursing care of patients in intensive care units".

The majority of the studies used in the review were recent studies within the last five years, the authors relied on primary sources, they used paraphrase technique, and they were not relying on quotes from original sources of the literature, only they used quotations from the interview text.

The researchers used sources of integration in review, for example: "Studies (Hupcey, 2000; McKinley et al., 2002; Arslanian-Engoren and Scott, 2003) found that the presence of relatives gives critically ill patients a feeling of protection".

The literature review was not extended to guide and impose preconception and assumptions, further it helps to shed the light on the area which lacks the investigation of nurses' experience about the phenomena, the literature review was more supportive with exemplars in the discussion part. Based on the literature review of this study, a case can be made for conducting a new study.

4. Theoretical/Conceptual Framework

The researchers collected in depth and rich data to explore the experience of the critical care nurses through interaction with the participants. However, there was no instrument used to collect the data, and neither a conceptual framework to guide the study nor a hypothesis to be tested. The study was inductive to provide categories of the critical care nurses experiences' from the transcript verbatim of the recorded interviews.

5. Population and Sampling

The target population was clearly described in this study. The participants were eight critical care nurses were recruited using a purposive sampling method, with two men and six women, were aged between 25 and 50 years old, worked as critical care nurses between five and 15 years, and all participants worked in the same intensive care unit which is located in the northern part of Sweden.

The sample size used was eight participants, but the researchers did not explain how they determine this sample size, it might be more essential to mention how they determine this size. Since the sample selected from a homogenous group, the size of six to eight participants has been reasonable (Holloway & Wheeler, 2010).

The method of sampling was adequately described in this study for both participants and the

setting of the study where the method of study was purposeful and the setting was northern part of Sweden.

The sampling method and the recruited participants were appropriate to the study design and purpose, the researchers described the sample characteristics, but need to explain the process of determining the size of the sample.

The inclusion criteria used to select the participants were clearly defined as being a critical care nurse with specialist training, with at least one year experience as a critical care nurse in an intensive care unit where relatives involved in the nursing care, and willing to participate in the study.

4. Research Design

The design of the study was specifically stated in the method and design section, the design used in this study was a descriptive qualitative design anchored with the naturalistic paradigm to describe and understand the critical care nurses experience of relatives' involvement in nursing care of patients in an intensive care unit.

The proposed design, descriptive phenomenology is appropriate to the study aim in order to generate a description of the phenomena of everyday experience to explore and understand the critical care nurses experience with relative involved in nursing care.

The phenomenological view of this approach is considered as an attempt to describe the lived experiences, without making previous assumptions. The researcher described and explored the lived experience of the critical care nurses using bracketing prior assumptions and preconceptions, there is a congruence between the aim of the study and the design used to achieve the study aim.

I think that authors provide enough information to replicate such of this study by using an alternative method for analyzing the data of this study, for instance, to use a phenomenological-hermeneutic approach to describe and interpret the meaning of relatives' involvement in nursing care.

6. Data Collection

The data were collected by means of a semi-structured interview using an interview guide, which is presented in the study and consisted of 11 questions and few probing questions. Eight interviews were completed, each individual interview lasted approximately 25 to 40 minutes, and the interviews were conducted in a quiet room in the intensive care unit considering the wish of critical care nurses.

The researchers did not outline the rationale of using the semi-structured interviews with the guide,

and did not provide enough information about the process of data collection, for example, how the data were recorded, transcribed and stored, how the questions in the interview guide were developed.

The proposed method of data collection is appropriate to the study aim in order to generate a description of the phenomena of everyday experience to explore and understand the critical care nurses experience with relative involvement in nursing care.

7. Protection of Human Rights

The researchers obtained approval from the University Ethics Committee, and permission from the unit manager of an intensive care unit in the northern part of Sweden was obtained as well prior to research. The participants received a letter containing information about the study, this information was repeated orally to the participants prior to starting the interviews and a consent form was signed by the participants to assure participation. The participants assured that the data will remain confidential, the participation is voluntary, and participants have the right to withdraw at any time without prejudice. There is no indication that participants invited to consent at an appropriate time.

There were some issues related to the ethical consideration; the researchers did not assure how the identity of the participants will be protected. The researchers did not provide details how the recorded data on tape and the transcript verbatim will be protected or damaged.

The researchers approached the head nurse who contacted ten nurses to participate, this may encounter an authority obligation to participate which may bias the data. The participants should be assured that the participation in this study will not affect their work positively or negatively. The researcher should assure that the participants are comfortable all over the interviewing process and provide psychological support when needed.

There was no evidence of deception, intimidation, the only matter which provides issues of coercion to participate, is the use of the head nurse to contact the critical care nurses which have an evidence that the participant can be identified.

There were neither prior assumptions nor preconceived conceptualization, the researchers have no influence on the interviewing process, data collection and data analysis. The data were presented as provided from the participants.

There is no evidence that study designed to minimize risks of participants, but the significance of the study shows maximize benefits regarding improved nursing care and better encounters with relatives.

8. Data Analysis

The researcher described how the data were analyzed, it was clearly explained the process of analysis of the transcribed verbatim texts using qualitative content analysis. The researchers read the text of the interviews several times in order to gain a sense of the content which is defined as "immersing oneself in data, engaging with data reflectively, and generating a rich description" (Speziale & Carpenter, 2007).

The researchers identified the meaning units, which were then condensed, coded and sorted stepwise into finally five sub-categories and two main categories related by content, constituting an expression of the content of the. By moving back and forth between the text and the output of the content analysis, a progressive refining of the findings were provided. Each category was linked with evidences from the participants' quotations.

Qualitative content analysis was an appropriate method that fit with the level of inquiry. However, the aim of the study was to describe, at a descriptive level, critical care nurses experiences of this phenomena. So it was an appropriate method as cited by the authors (Engstrom, Uusitalo, & Engstrom, 2011).

The themes that developed in the study, it's supported by the raw data of the participant text.

The Findings were represented and explained in a plausible and coherent way that could not provide an alternative explanation.

9. Rigor

The method of data collection (Semi-structured interview) was reliable and independently verifiable. The interview allows entrance into another person's world and is an excellent source of data. Complete Concentration and rigorous participation in the interview process, improve the accuracy, trustworthiness, and authenticity of the data. (Speziale & Carpenter, 2007).

The individual eight interviews lasted for approximately 25—40 minutes and took place in a quiet room in the intensive care unit, according to the participants' wishes. The data were collected during 2010, there is an indication that data were collected at different time.

In this study, the researchers used a strategy to enhance rigor which is reflexivity, the researchers adopted to present the data without reflection of their own preconceptions and assumptions. Described strategy was not explicit, but from the participants' quotations which were integrated to support the extraction of the subcategories, the context was rich in data and the description was detailed to reflect the phenomena, in addition the researchers reviewed the

interview text several times so they can be immersed and engaged in the data (Speziale & Carpenter, 2007).

The member check and audit trail were not used to ensure the trustworthiness of the study, there was no evidence that the researchers presented a transcript of the interview to the participants and ask them to comment on the content, nor a summary of the interview was given to the participants to comment on which may affect the credibility.

The strategies to enhance the credibility was not explicit in the study. The dependability was difficult to assure when another researcher follows the same path used by the investigator can arrive to the same conclusions.

The transferability of the findings to another context is deemed applicable and meaningful to others. The conformability is achieved as the findings and conclusions of the study reflected the aim of the study, and are not the result of the researchers' prior assumptions and preconceptions (Holloway & Wheeler, 2010).

The authors collaborate each other in the data analysis, there is no method used to resolve differences of interpretation, they declare that there is no conflict of interest and there were no negative or discrepant results.

10. Conclusions and Recommendations

The results of data analysis were clearly explained in reference to the phenomena of interest. The conclusion was drawn from the study stated that relative contribute to critical care nurses establishing a better relationship with the patient as a whole person, critical care nurses have to find a balance between the relatives' needs of involvement and how the patients want to be cared for and at the same time the critical care nurses have to protect the patients' integrity, as protecting the integrity of patients is a reason for limiting relatives' involvement.

This conclusion was justified by the results were appropriately presented in two main categories and five sub categories as follow; the first main category is realizing the significance of relatives' involvement, which includes two subcategories; relatives participating in the care of their sick relative and helping and encouraging relatives to stay close. The second main category is experiencing obstacles to relatives' involvement and includes three subcategories; respecting the patient's integrity, being negatively affected by relatives' participation, the environment and lack of time reduces relatives' possibilities of being involved.

The findings were rich and comprehensive, reflected the participants' experiences, the participants' views was reflected in the quotations as

evidences and exemplars were presented to each subcategory. The findings of the research adequately addressed the purpose of the study and identified the importance of the relatives' involvement in nursing care.

Regarding the results of the study, the researchers recommended that further research into relatives' and patients' experiences and opinions about relatives' involvement in the nursing care of patients in intensive care units is needed.

The research findings can be transferable to similar setting and can be applied in an appropriate way to practice by encouraging nurses to communicate with the relatives, meeting their needs, and identifying their capacity to be involved in the care of their patients. Such as: doing a simple care procedure, making them oriented to the intensive care unit environment, in addition to consider the obstacles of involving them in the care.

11. Style

The study paper language was clear, easy to understand, correct grammar, and well organized.

12. Citation

The American Psychology Association (APA) format was not used.

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Case Study Analysis: A Remarkable Turnaround - Advanced Management and Leadership in Nursing

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Abstract: The main purpose of this paper is to let students to apply various types of t test in ideal way by covering their assumptions in appropriate manner. Note, see my manuscript "preliminary data screening" in Vol 1(1), 17-20.

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Keywords: Types of t test, applications, assumptions.

Case 2.2: A Remarkable Turnaround

Carol Baines was married for 20 years to the owner of the Baines Company until he died in a car accident. After his death, Carol decided not to sell the business but to try to run it herself. Before the accident, her only involvement in the business was in informal discussions with her husband over dinner, although she has a college degree in business, with a major in management.

Baines Company was one of three office supply stores in a city with a population of 200,000 people. The other two stores were owned by national chains. Baines was not a large company, and employed only five people. Baines had stable sales of about \$200,000 a year, serving mostly the smaller companies in the city. The firm had not grown in a number of years and was beginning to feel the pressure of the advertising and lower prices of the national chains.

For the first 6 months, Carol spent her time familiarizing herself with the employees and the operations of the company. Next, she did a citywide analysis of companies that had reason to purchase office supplies. Based on her understanding of the company's capabilities and her assessment of the potential market for their products and services, Carol developed a specific set of short-term and long-term goals for the company. Behind all of her planning, Carol had a vision that Baines could be a viable, healthy, and competitive company. She wanted to carry on the business that her husband had started, but more than that she wanted it to grow.

Over the first 5 years, Carol invested significant amounts of money in advertising, sales, and services. These efforts were well spent because the company began to show rapid growth immediately. Because of the growth, the company hired another 20 people.

The expansion at Baines was particularly remarkable because of another major hardship Carol had to confront. Carol was diagnosed with breast cancer a year after her husband died. The treatment for her cancer included 2 months of radiation therapy and 6 months of strong chemotherapy. Although the side effects included hair loss and fatigue, Carol continued to manage the company throughout the ordeal. Despite her difficulties, Carol was successful. Under the strength of her leadership, the growth at Baines continued for 10 consecutive years.

Interviews with new and old employees at Baines revealed much about Carol's leadership. Employees said that Carol was a very solid person. She cared deeply about others and was fair and considerate. They said she created a family-like atmosphere at Baines. Few employees had quit Baines since Carol took over. Carol was devoted to all the employees, and she supported their interests. For example, the company sponsored a softball team in the summer and a basketball team in the winter. Others described Carol as a strong person. Even though she had cancer, she continued to be positive and interested in them. She did not get depressed about the cancer and its side effects, even though coping with cancer was difficult. Employees said she was a model of strength, goodness, and quality.

At age 55, Carol turned the business over to her two sons. She continues to act as the president but does not supervise the day-to-day operations. The company is doing more than \$3.1 million in sales, and it outpaces the other two chain stores in the city.

1. Questions

1.1. How would you describe Carol's leadership traits?

Major leadership traits of Carol can be described in the following points:

Intelligence

Carol did a citywide analysis of companies that had reasons to purchase office supplies. Based on her understanding of the company's abilities and her assessment of the potential market for their products and services; she developed a specific set of short term and long term goals for the company. Carol decided to not sell the business, she wanted to carry on the business that her husband had started. Her cognitive abilities are evident in the significant growth of the company during her tenure as president.

In addition, her degree in business with a major in management helped her to take a lot of the right steps for the company in the areas of marketing as well as the right time of investment. These steps made Carol's the intelligence traits.

Self confidence

Carol decided to not sell the business, her vision that Baines could be a viable, healthy and competitive company. Moreover Carol spent a lot of months to be familiar with the employees of the company to know the working style and the process which is being followed by the company. These steps allowed Carol to feel assured that her attempt to influence others are appropriate and right.

Although Carol was diagnosed with breast Cancer, she continued to manage the company throughout the ordeal.

Integrity

Carol was a model of strength, goodness, quality, honesty and trustworthiness to her work. Her efforts were well spent in advertising, sales and services. This was reflected in the expansion of the company and made it go up, the growth at Baines continued for 10 consecutive years.

Carol was a very solid person who has a strong set of principles and she took responsibility for her actions regarding the company. These points exhibit the integrity trait of Carol.

Sociability

Carol was courteous, tactful, and sensitive to others' needs, show concerns for their wellbeing. She cared deeply about others and was fair and considerate. She created a family-like atmosphere at Baines. Carol was devoted to all the employees, and she supported their interests. For example, the company sponsored a softball team in the summer and a basketball team in the winter.

1.2. How big a part did Carol's traits play in the expansion of the company?

Carol traits played an important role in the expansion of the company. Her intelligence, self-confidence, integrity and sociability in a rough time exemplified great leadership in the eyes of her

employees, and this led to the expansion of the company.

Her Intelligence regarding not selling the business after her husband's death, she made a citywide analysis of companies that had reason to purchase office supplies. She had a vision that Baines could be a viable, she wanted to carry on the business that her husband had started, but more than that she wanted it to grow, and that's what happened.

Her Self-confidence in taking the decisions regarding the company, and facing obstacles that make her difficult to accomplish her goals such as her disease and it's side effect which included hair loss and fatigue.

Her Integrity in protecting investment and the money in areas of financing, advertising and services. Whereas, over the first 5 years, Carol invested significant amounts of money in advertising, sales, and services. These efforts show rapid growth immediately. Because of the growth, the company hired another 20 people.

Prior her joining the company, there were only five employees in the company and Baines had stable sales of about \$200,000 a year.

Carol was successful. Under the strength of her leadership, the growth at Baines continued for 10 consecutive years.

Carol did not neglect the social aspect at the company, she cared deeply about others and was fair and considerate. She created a family-like atmosphere at Baines.

Carol was devoted to all the employees, and she supported their interests. For example, the company sponsored a softball team in the summer and a basketball team in the winter.

In addition, her college degree in business, with a major in management degree was proved to be useful as she made confident investments in the areas of marketing, advertisement and sales which helped the company to rise to new heights and make more procurements and recruitments.

Her leadership traits made company doing more than \$3.1 million in sales and it outpaces the other two chain stores in the city.

In fact she expanded the business more than what her husband thought. She increased the number of employees based on the growth of the company; she also increased the sales.

1.3. Would Carol be a leader in other business contexts?

Of course yes, Carol can be a leader in other business contexts, because she has the abilities and traits to be a leader. She has a college degree in business, with a major in management. This will help

her to be a leader in any field and to manage any area in her business.

She was intelligence her problem solving skills and cognitive abilities were evident in the significant growth of the company during her tenure as president.

She was Self-confidence, she continued to manage the company in spite of her breast cancer.

She was a model of strength, goodness, quality, honesty and trustworthiness to her work.

She cared deeply about others fair and considerate. She believes in creating a family-like atmosphere, she has a great positive attitude.

Carol has exemplified leadership traits that are valuable across the board, as well as the ability to enter a business situation and come out successful.

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