

# Nursing Assignment Sample

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## Introduction

This essay will critically compare and evaluate two research articles I identified as relevant to my practice. The review will consider the research methods, design and relevance to my practice. I have chosen the topic of pain management as dealing with patient's pain is a vital part of my role as a staff nurse.

Pain is a complex and very varied issue dependent on a wide range of different factors that may present in multifarious ways. The way in which patients cope with their treatment regime and their life in general can be seriously impacted by their experience of pain. Therefore, I chose this topic to help inform me more fully on the subject generally and current views and practices so that I can best assist my patients.

The two articles I have selected are; " Patient referred to a pain management clinic; beliefs, expectations and priorities " by Allcock et al, (2007) and " Chronic pain syndrome associated with health anxiety: A thematic comparison between pain patient's with high and low anxiety" by Tang et al, (2009). For ease of reference, I shall refer to the article by Allcock et al (2007) as Paper 1 and the article by Tang et al, (2009) as Paper 2. As indicated this topic is very wide and for the purpose of this essay I have selected these articles as they are of a similar nature. The review of the articles will include analysis of the research topic, literature review, design of the studies, the method of data collection and analysis, findings and conclusions, critical summaries, appraisal of method and synthesis and findings and reflection on practice (Burns, 2007). In order to deal with these aspects effectively I will use the critiquing framework for a systematic approach devised by Burnard and Morrison (1994) as I feel this format is the most effective and simplest to use and dissolve.

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## Choosing the articles

I utilised a variety of methods to research and identify appropriate articles. My first step was to consider which topic would be most beneficial and decided upon pain management. I gathered literature from past and present in order to engage an in-depth discussion thus enabling me to analyse research undertaken into the validity and reliability of patients with chronic pain. To start off with I used different books and databases. To find Paper 1, firstly I went through EBSCO host, which gave me a gateway to the databases MEDLINE with full text. I used the Boolean operators search terms 'AND' and 'NOT' were used in order to combine the searches, and to refine the results. In the field search I selected 'TX All TEXT'. Boolean operators are filters used to join (AND, OR) or exclude (NOT) search terms by instructing databases to combine the terms (Radbourn 2011); for example a search of journal article abstracts for the term 'pain management' And 'Clinic' And 'Beliefs' and this brought up 32 articles. I also refined my search by searching for publication dates from 2006 to 2011 and this brought the search down to 18 articles.

To find Paper 2, I used British Journal of Clinical Psychology, which had the journal by British Psychological Society. Hand searches were also carried out at The Royal College of nursing (RCN) library. I found that there was very limited research in chosen area, therefore existing literature reviews and systematic reviews were also sources of data, as they offered the bibliographic references for relevant key articles that are included in this review. (Aveyard 2010).

Once I had chosen my articles, they had to be signed off by my university supervisor.

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## Critical summaries of papers 1 and 2

### Overview of the purpose of research and literature review

The purpose of critical reviews of literature is to provide an objective and comprehensive analysis of the writing. (Cronin, 2008). By using a number of different sources a researcher can access a range of current data that can be used for a variety of purposes (Aveyard 2010, Cronin et al 2008). The data can, for instance, be used to advise on up to date practice or help formulate a further research question. One key feature is that the analysis must be unbiased and consider both the strengths and weaknesses of the writings in order to formulate a complete picture.

Literature reviews should be clear and written in a flowing style to provide for easy reading. This is characterised by being unbiased and being free from jargon whilst using any relevant technical terminology correctly and appropriately (Colling, (2003) cited in Cronin et al 2008).

Research is ' the attempt to derive generalisable new knowledge by aggrassing clearly-defined questions with a systematic and rigorous method' (Department of Health, 2001, section 1.7). However, nursing research involves a systematic application of scientific methods to the study of phenomena interest within the nursing profession (Fain,1999). Evidence based research is increasingly becoming much more important within the medical fields. Research critique is a careful critical appraisal of the study's strength and limitations focusing on whether the findings are accurate, believable and clinically meaningful (Polit and Beck, 2008). Burns and Grove (2007) assert that if findings cannot be trusted, it makes little sense to incorporate them into nursing practice (Timmins F, 2005).

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## **Critical summary paper 1**

The aim of this paper is to establish the patients expectations of a pain clinic together with their beliefs and priorities. This was a very small, self-selected group of 18 participants at one venue all of whom suffered from chronic pain of non-specific cause as set out in table 1 of the paper. Invitations with information sheets were sent out to 42 new referrals to the pain clinic from which the 18 participants were respondents. The age range was from 27 to 76 although table 1 indicates one person was aged 85 this may be a typographical error or a demonstration that peer reviewed articles may not been totally accurate.

The method consisted of the participants being divided into three groups consisting of 7, 6 and 5 people respectively. These formed focus groups utilising an informal, and, therefore, non-repeatable, recorded discussion format to encourage debate and a relaxed situation that was felt to be a productive way of encouraging people to provide good details of their views, beliefs and feelings. By working in groups individuals could identify that they were not alone in their situation and may be more forthcoming in discussion. Participants were asked to rank a number of statements in order of priority. Statements included such things as 'to have more pain free periods'. As this was such a small sample formal statistical methods were inappropriate and the data was simply ranked in order of numbers of people who agreed with the statements to obtain the order in which the priorities lay.

The participants were allocated fictional names to ensure anonymity was maintained and all ethics approvals were obtained.

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The highlighted findings were that people sought a formal diagnosis of the reason for their pain, that they felt no-one believed them without a diagnosis and that pain-killers were a way to 'fob them off' because nothing else could be done. Their main priorities for improvement were to feel less pain, to have more pain free times and to be able to do more 'everyday things'.

The researcher has the relevant academic qualification to undertake this research although there is insufficient evidence to show they also had relevant experience in the area of chronic pain which may adversely affect the standing of this piece of research. However, as it was a very small study it could perhaps be used as a pilot study preparatory to undertaking further more in depth research. Cormack (2000) recommends the need for researchers to have appropriate qualifications and experience in the areas they wish to study, nevertheless, Polit and Beck (2008) comments that being qualified does not guarantee that they are the best researchers. Nonetheless most journals that publish research reports have a blind review policy whereby independently and anonymously 2 or more peers who are experts in the field approve its publication (Polit and Beck (2008)).

Burns and Grove (2007) refer to a current source as one published within the last 5 years. Paper 1, has 26 of the 33 references cited are more than 5 years old this was out of necessity to the study. Examples include (Eccleston et al 1997, Kleinman, 1998 and Yates et al, 1995). In some cases, particularly where there has been little or no other research in a particular area, there has to be reliance on less recent or immediately relevant references. The Harvard system of referencing is used.

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### Critical summary paper 2

The aim of this paper was to formulate a qualitative thematic comparison between patients suffering from chronic pain with high and low health anxiety. Sixty participants were involved as part of a larger ethics approved study. Inclusion criteria were that participants were; aged 18-70, had non-malignant pain for at least 6 months and a good command of English. Exclusion criteria were an identified terminal illness/disease, the presence of severe psychopathology or a learning disability. All participated in semi-structured interviews with a package of questions include a short form McGill pain questionnaire. In order to evidence the relevance of using a cognitive-behavioural response the five most and least health anxious participant's results were used. This gave two clear groups to compare from either end of the spectrum providing the information upon which this paper was based. The short health anxiety inventory (SHAI) scale was used to determine the most and least health anxious but eliminate those who would be described as suffering from hypochondriasis. Broadly speaking both groups were similar in nature, gender and age and none had already received cognitive-behavioural treatment for their pain. However, the most health anxious group comprised four women and one man which may be revealing in itself but would take further research to establish. The tape recorded interviews were conducted on a one to one basis taking approximately two hours. The interviewers were not aware of the health anxiety status of the interviewees.

The data was analysed using established conventions of theoretical thematic analysis. Five themes were established from the data; pain appraisal, pain preoccupation, coping strategies, self-identity, and suicidal ideation. The two participant groups also showed marked differences in each theme.

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The researchers for this paper are all appropriately qualified to undertake this study and have relevant knowledge and experience in the specific topic area. The reference materials comprise 14 sources which are within the 5 years of publication, and the Harvard system of referencing is used.

### **Appraisal of method**

Research into pain and pain management can prove to be problematic as the experience and tolerance to pain in an individual thing. More recent perspectives suggest that the most appropriate way to treat pain is on a purely individual basis and not to place all pain sufferers into one category in line with the cognitive-behavioural approach. In order to facilitate this approach it is imperative that the reasons for non-specific pain are identified and that the needs, beliefs and understanding of patients are understood and dealt with appropriately.

Paper 1 stated the use of qualitative research in this study. In general the whole methodology was clearly explained and detailed. The method was using focus groups which are not generally accepted as good methodology, however, in this case there was little other literature so this was a valid method. Burns and Grove (2007) assert that convenient sampling provides a means of acquiring information in unexplored areas, whilst Polit and Beck (2008) identify it as a weak form of sampling arguing that self-selection generally leads to bias. Therefore, it is likely that a view would have to be taken in individual circumstances as to which of these perspectives is relevant to the research in question.

This particular paper is investigating the feelings, beliefs and expectations of patients and as such is an area that has received little attention so any research would be

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ground breaking. Sufficient information was probably obtained to demonstrate the issue and provide for further more detailed and structured research.

Paper 2 was a much larger study and part of a cross sectional study that was able to utilise recognised scales such as SHAI and the hospital anxiety and depression scale (HADS) to measure the data. As there was a great deal more data a more meaningful result could be obtained. However, there were actually only 10 participants used as the relevant data to take the extremes of the participants i.e. the most and the least health anxious participants. Whilst there were only a small number of participants analysed in detail as they were drawn from such a large pool they could be considered to be a good representation of the two extremes.

The researcher clearly states the methodology, participant selection and purposes of the research and uses recognised methods to interpret the data obtained. The interviews were monitored to maintained uniformity and focus throughout.

Both pieces of research experience the same difficulties as they are attempting to obtain information relating largely to how people feel rather than looking to identify more concrete demonstrable matters. As such the methods of obtaining the information need to be such that the participants are relaxed enough to provide good data. The truthfulness of the participants is also an issue as in cases where a person is experiencing pain for which no specific cause has been identified there is total reliance on how they explain their pain and the effects it is having on them. There is also the contention that a researcher must be able to convince readers of the importance of the research top and that there is proper and sufficient reason for the research to be undertaken (Parahoo 2006). Unfortunately that is not always the

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case as there are occasions where students have requirements of their courses to complete research work and academics too are under pressure to publish.

### **Synthesis of findings and reflection on practice**

The two papers are broadly in alignment with their findings and perspective. It is clear from both pieces that the question of pain management is a very important but somewhat under researched topic. There is a disparity between the understanding and perspective of the medical profession and that of the patient. This clearly shows that much greater clarity in communication is imperative as is further research to identify potential causes of non-specific pain. Historically the public have been used to the medical approach being that of determining a physical cause of a problem and providing a solution. However, it is evident that there is scope for physical symptoms to come from other sources such as emotional ones and that education both within the medical profession and of the public that these are valid. This could begin with the understanding that psychosomatic actually means conditions affecting body and mind and not the common perception that it is something that is not real.

It is evident that the approach taken towards a patient suffering from non-specific pain is very important. Whether or not there is any identified cause in order to make progress the patient must feel that their medical professionals believe that they are in pain and are looking for ways to deal with this. There are some salutary lessons that can be learned from the responses that the participants gave that show their views of the care they are receiving. Pain management clinics too do not appear to have been able to promote their work clearly. Where patients are referred to the clinics and feel that this course of action is simply a 'fobbing off' they are unlikely to make

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good progress. The need for a patient to have a diagnosis is also a very important point which must be addressed either by obtaining a diagnosis or by being able to reassure the patient properly that their symptoms are not linked to something more sinister. In my own practice I will now ensure that I elicit as much information as possible from patients about their pain, how they feel about it and the impact it is having on them to find the best way for them to be treated (Rosenstiel, 1983).

Both these papers too show that there is a major bias in favour of traditional medical format thinking and treatment. Even moving into the use of cognitive-behavioural treatment does not appear to be wholeheartedly accepted. There are many different types of treatment including complementary therapies that can be helpful in pain management and a much wider research programme would be valuable to assess a larger number of possible treatments (Harvard Medical School). The view taken by each of these papers is rather narrow and perhaps a different approach to understanding pain and pain management is required to identify methods of treatment that will be more effective (British Pain Society). The effect that the mind has on pain and perception of pain is not well understood and in the absence of physical causes (Astin, 2004). The public are also becoming more inclined to wish to avoid drug treatments unless really necessary and this should be respected. The researcher in paper 1 clearly does not agree with this view but perhaps should investigate the reasons why people choose to reduce the amount of medication that they take.

### **Conclusion**

Pain management is an increasingly important issue for nurses who are responsible for the day to day care of patients. Pain can be very distressing and even

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immobilising for people and they need to feel they are being taken seriously. Research is being conducted currently to increase understanding and best practice and it is important that nurses stay up to date with the most up to date methods including those that are not currently utilised in the medical field.

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