Critically appraise the attached research article: 'Meeting the needs of Minority Ethnic Patients.'

Joseph D Cortis 2004 Journal of advanced Nursing 48 (1), 51-58

Essay Development Plan

The critical appraisal of the study by Cortis (2004) begins with a description of the Joanna Briggs Institute (JBI) Checklist for Qualitative Research (Lockwood et al. 2015). A checklist tool was used for appraisal because this provides a structured way of considering every possible aspect of the study which could be influenced by bias, and forces the user to think about whether the methodology, philosophy and protocols used by the study match up in the best way possible to lead to meet the aim identified. The use of the JBI tool is justified against other common tools (Hannes et al. 2010) such as the Critical Appraisal Skills Programme (CASP 2014) tool from Oxford, although the person using the tool has a great deal of freedom to interpret the individual elements as they wish, so these tools can only ever provide a useful framework for the writer's own thinking. Given more space in the essay, a longer discussion could be had about the relative merits of appraisal tools and the purpose of appraisal within the context of clinical research.

Following the justification of the JBI tool, the philosophy of the Cortis (2004) study is discussed. This is the first point on the JBI checklist and in the case of this study is arguably the most important, because Cortis does not openly state the philosophy he has used, and the underlying post-positivist philosophy (Hesser-Biber 2010) does not appear to be appropriate to the methodology used. Post-positivist research could be discussed in much more depth at this point if the essay was developed further, and the arguments made for why it seems from the study that Cortis is using this kind of philosophy. This appears most clearly in the

discussion and conclusions. Whereas if a social constructivist/interpretivist approach (Diefenbach 2008) had been used, Cortis would have explained that his results may have been influenced by the setting, the way he asked the questions or the format of the questions themselves, Cortis in fact presents his results as objective conclusions from the data, which is relatively unusual for this kind of qualitative study using semi-structured interviews.

The study protocols are then described in detail to show how Cortis has chosen a well-justified method, using interviews, for collecting data about the phenomenon of nurse experiences of Pakistani patients. Interviews are a good way of collecting data for analysis because they allow the participants to give open responses which may lead in directions not anticipated by the researcher (Low 2012). The strengths of this approach could be discussed in much greater detail if the essay were developed, and the methods used by Cortis, such as audio transcription, for ensuring the fidelity of the data.

At this point, one of the major problems with the study is discussed: the way that the themes identified in the data analysis are almost identical to the topics chosen by Cortis for his interview questions. This severely diminishes the research because the point of using semi-structured interviews with coding and thematic analysis is to allow phenomena to emerge from the data by the frequency of appearance in the data. Instead, Cortis appears to have decided that knowledge and understanding would be important in the questions, and has then gone and identified this same factor in the data.

Finally, the role of the participants in the study is discussed. In quantitative research, such as a randomised controlled trial, it is essential that all participants are treated identically, and their results are given exactly equal weight when analysis is done. When conducting semi-structured interviews with qualitative analysis, it is very difficult to give each participant equal weight, as quotations from individuals are normally drawn out to represent a general

opinion. However, there is a significant lack of representation of the voices of the participants in this study, and if the essay were developed a much longer argument could be made about how this reduces the confidence that the reader can have in Cortis's conclusions. We are made to rely entirely on his interpretation of coding and themes that seems to reflect his own original assumptions.

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<u>Critically appraise the attached research article: 'Meeting the needs of Minority Ethnic Patients.' Joseph D Cortis 2004 Journal of advanced Nursing 48 (1), 51-58</u>

Introduction

In this critical appraisal, the 2004 study by Joseph Cortis (1) into the needs of minority ethnic patients will be analysed in terms of its methodological approach and protocols, using a recognised critical appraisal tool, to determine whether the conclusions drawn about the experiences of nurses treating Pakistani patients can be validly supported by the approach used. The study used a sample of 30 Registered Nurses within the NHS who were treating Pakistani patients, and collected qualitative data using semi-structured interviews, which were then transcribed, coded and thematically analysed. On close examination of the published study, we can see that while the conclusions presented about nurses' inadequate knowledge of the Pakistani community are of clinical interest, the low importance given to participants' voices in the study and the lack of awareness of the potential influence of the researcher on interviewed participants mean that there are serious problems that must be addressed when considering the validity of these conclusions.

The Joanna Briggs Institute (JBI) Checklist for Qualitative Research (2) will be used to structure the critical appraisal of the study. The appraisal of qualitative clinical studies has proven a contentious issue within the literature (3), and while the Critical Appraisal Skills Programme (CASP) tool for qualitative studies (4) remains popular, it has been demonstrated (5) that the JBI is more sensitive to aspects of validity, through its assessment of the matching of a study methodology to its aims. It is also one of the recommended tools for Cochrane Collaboration systematic reviews (6), the 'gold standard' of clinical research. Using the JBI, the study by Cortis will be analysed in terms of its philosophy, methodology, research question, data analysis techniques and a range of other domains which test whether the

conclusions obtained by the study can be completely supported by the way in which the study was conducted.

The first requirement of the JBI tool checklist is that the philosophical approach used by the study matches its research methods. The study philosophy used is not stated explicitly in the text, however it seems clear from the data analysis and discussion that Cortis has taken a largely positivist or post-positivist approach to the topic (7). This is evidenced in the fact that Cortis uses semi-structured interview data collected from registered nurses to attempt to reach real, definitive conclusions that are mostly independent of the researcher and the study environment. When making statements such as "in most instances racism in health care is covert" (1), Cortis is drawing general conclusions about healthcare from the relatively small sample size (n = 30), in a very specific healthcare setting, and does not appear to be willing to concede that these conclusions may be influenced heavily both by the semi-structured interview methods used and the use of thematic coding to interpret the data.

In this way, the philosophy and methodology used by Cortis may not be well-matched. It is common in high-quality qualitative research that when semi-structured interview data are used to investigate case-studies among a relatively small sample, an interpretivist/social constructivist approach is chosen (8). If Cortis had used this approach, it would have allowed him to argue that while observed phenomena such as the lack of understanding by nurses of patients' spirituality may reflect an important, real process, this lack of understanding could also be influenced by the interview technique of Cortis himself, and that there is even large scope for difference in interpretation of the same semi-structured interview data by different researchers (9). This seeming lack of awareness of the philosophical problems posed by the use of a post-positivist approach to interview data is a weakness of the study.

However, while the study philosophy as it is found in the text does not appear to clearly match the methodology, there is much greater congruity between the research question, objectives and the methodology. The aim of the study was to "investigate the experiences of nurses in caring for hospitalized Pakistani patients in West Yorkshire" (1). In itself, this is a very general subject and it is clear that the intention of Cortis is to conduct a wide-ranging examination of phenomena with a very specific sample, in contrast to previous studies (10, 11), which Cortis sees as having "homogenized" minority ethnic patients into a single group.

In choosing such a general aim, the use of semi-structured interviews with thematic analysis is highly appropriate (9) because it allows themes to emerge from the data which the researcher has not prejudged or predicted, rather than confirming expectations about the phenomenon. It is clear that having made the choice to explore the issue with semi-structured interviews, Cortis has gone to great lengths to ensure that the data collection was as accurate as possible, with audio transcription from recordings, accuracy checking of transcripts with the original participants and the detailed recording of demographic characteristics of the sample such as clinical setting and gender. The effort is also made in the data analysis process to confirm that the codes used and themes identified were valid and consistent through the use of a colleague to check a random sample of interview transcripts for the coding.

Cortis establishes high valid methods of qualitative data collection and analysis, with a clear awareness of potential bias that might be introduced during transcription and coding of data. However, because of the post-positivist philosophy that Cortis appears to be using, there is no awareness shown of the potential bias that may result from the researcher themselves, rather than the protocols used. When conducting semi-structured interviews, the tone of voice, manner and etiquette of the interviewer can all influence the data collected (12), but Cortis

does not state whether any measures were taken to put the interviewee at ease or build rapport. Cortis also doesn't state whether he provided clarification about questions to interviewees, or allowed himself to respond to their questions, which can have a significant impact on responses gained (13). It is difficult to say, then, whether bias may have been introduced to the study at this point, and if Cortis was aware of these concerns.

The themes identified in the analysis, such as "nursing challenges and deficits" appear to be well-supported by the quotations included, although some generalisations such as nurses lacking "recognition of the religious requirements of Islam" appear to require greater support from the data than is given by Cortis. However, the major problem with the analysis is that the themes found almost exactly reflect the question areas identified in the study protocols: culture and spirituality, knowledge, challenges, and general experiences. This undermines the use of semi-structured interviews with thematic analysis, as the themes appear to be so heavily influenced by decisions made by the interviewer prior to the study, creating 'self-fulfilling' qualitative research.

The JBI tool places significant importance not just on the theoretical basis of a qualitative study being analysed, but also on the fair and ethical representation of the participants included in the study. Cortis explicitly says that ethical approval has been gained for the study, presumably from the University of Leeds and the NHS organization included in the study, although this is not stated. There is also the clear and explicit statement that permission was sought and given by all participants with no refusals, and basic details are given about the assurances of confidentiality given to participants.

As well as confidentiality and privacy of participants, the fidelity and veracity of the presentation of the data are important for the quality of the study. It is clear that Cortis used structured, unbiased data collection very seriously through the use of approved audio

transcripts. However, it is a necessary feature of using semi-structured interview data that large amounts of the data will not appear in the final study (9), and while in a quantitative study multiple participants are reduced to a single average figure or result, with interview data the views of multiple participants are often represented by a quotation from a single individual. Perhaps due to the limited space for publication, Cortis only makes use of one or two quotations for each theme identified, meaning that the voices of all participants may not be adequately represented in the study and instead the voice of Cortis's analysis is heard very strongly. Given the potential biases of thematic analysis (14), this poses problems for the overall quality of the study.

Conclusion

On close analysis and appraisal, we see that the study by Cortis lacks essential features of the highest quality quantitative research, and that this undermines its conclusions about nurses' poor understanding of the Pakistani community. Cortis takes great pains to ensure that the protocols used during the study lead to the highest possible fidelity of the interview data collected, but shows an unforgivable lack of awareness of the possible influence that an interviewer might have on participants through their manner, voice and choice of questions. In particular, the high degree of correlation between the question areas chosen by Cortis and the themes identified in the results suggests that this research has 'self-fulfilled' and the conclusions that were expected before the study have been in part constructed by the study design itself. An interpretivist study philosophy would have allowed Cortis to account for this during the discussion of the results, but his post-positivist presentation of the conclusions as almost completely objective, without influence from him as a researcher, mean that the validity of the study overall is severely weakened.

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