

# Critique of a Qualitative Interview Study of Nursing Pain Management in Hospitalized Patients Receiving Cancer Treatments

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## **Abstract**

The strengths of the qualitative study by Gaardsrud, and others (2009) on pain in cancer patients are: Well-written, use of many methods for qualitative rigor, excellent presentation of listing of factors describing pain relief, and clear themes with corresponding examples. The weaknesses are: dependence on only one interviewer, lack of peer debriefing or analysis corroboration, insufficient information to determine transferability, an apparent role conflict by the interviewer, which may have accounted for some of the findings, and insufficient descriptions of patient experiences with pain, particularly pain related to cancer or cancer treatments. Overall, due to the insufficiency of the descriptions, which were acknowledged by the authors, the study is not recommended as important reading material for pain managers.

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## **Critique of the Introduction**

The literature review for the study opens with a citation that is too broad for the purposed research, referencing statistics that cover inpatients, outpatients, and patients whose treatments were no longer feasible. A large number of striking statistics about cancer are presented, but only a small portion of the literature is relevant to this specific study. The second significant literature review suggests that many factors contribute to the lack of pain management. Rather than directly supporting the

current study, the studies cited leave the reader is to wonder about the significance of the many factors that are not related to this research. Finally, the study states that few studies have investigated cancer patient's pain experiences. The last two citations directly correlate to the study, but the research is old from 2000 and 1994. The use of older research suggests that little interest or remarkable findings came out of the previous studies, which weaken the need for the current study. The introduction is completed with a clear statement of purpose for the current study. Overall, the introduction is clear and logical, but the literature reviews only weakly support the need for the study.

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## Critique of the Methodology

### *Sampling*

The study clearly stated that they use a sample of convenience, which although a weak sampling method, was plainly and honestly stated. The sample size of 18 is good, with saturation very likely to have been achieved with a sample of this size, although it is not clear how the number of 18 came to be selected. The study uses an inclusion outline, and medical chart review for each participant to ensure the participants had a pain problem. The inclusion/exclusion outline gives some good detail of the selection method, but more details of the representativeness of the sample would be helpful to better determine the groups to which the findings might apply. The use of a single Norwegian cancer hospital, and lack of descriptive detail of the environment make it difficult to generalize the findings beyond this specific hospital. Therefore the representative sample is medium to low quality, making transferability, and external validity on the low side.

### *Research Design*

The study is described as a qualitative, descriptive, phenomenological study. This is a good choice because their intent is to collect, and record the participant's responses without researcher influence or interpretation. Only one interviewer conducted the interviews, making the degree of research corroboration low. It would have been helpful to have several independent interviewers that compared notes after the interviews. No peer debriefing was found because final transcripts go straight to interpretation, and evaluation by two other authors. Credibility based on prolonged engagement is moderate to low because only one interview was conducted per patient, and the interview lasted from 30 to 90 minutes on a given day. With only one interview on a single day, there is increased probability that an unseen variable could have an overwhelming impact on the data collected. Negative case analysis is not provided, and no member checks were acknowledged.

There is good auditability, as interviews were audiotaped, and transcribed word-by-word. Bracketing is at least fair as there appear to be no major signs of bias, and the interviews were apparently well structured. However, insufficient information is provided about the interviewer, and no information is provided about the background of

the authors who analysed the transcripts, so it would be fair for bracketing to be considered of medium quality. There was a potential conflict of interest that may have influenced the main findings, as described in the Critique of the Results, and Discussion section below. The study was done exclusively by professional nurses, and therefore lacks the balance that would be possible if members of other occupations also participated in the study. The overall rigor of the qualitative research methodology is medium because more than half of the possible elements of rigor as previously stated were missing.

## Critique of the Results and Discussion

The results section begins with a disclaimer that two aims of the study were combined because patient response regarding pain management, and expectations for nurses were so interrelated. This would indicate that the collection of data, and the interview questions themselves were problematic and should have been adjusted to gain greater clarity in the results. For presentation of their first aim, the study provides two tables. Table 2 gives the participant demographic characteristics and related numerical pain ratings expressed during the interview. This information does not hold much meaning as a finding because it represents only a single finding on a specific day. This type of data would be more meaningful if it was verified by other methods of evaluating pain over a longer period of time. Table 3 is more clearly stated, and easier for readers to interpret by providing pain relief themes with corresponding examples. One of the disadvantages of this table is that the factors that increase pain, and associated descriptors, are simply listed. This information is not remarkable in that these findings could have come from non-cancer patients experiencing pain, and not just those receiving cancer treatment. The first sentence regarding patient experience describes patient expectations, the point of which was somewhat unclear and even confusing. To improve clarity, and understanding the second and third aims presented combined, would have benefited by providing greater detail. The results section went through four major themes about expectations with statements that suggest negative and positive experiences. However, the reader is left with very little information because none are described. Of some concern is the failure or reluctance to describe actual patient experience. Whether good or bad,

this omission makes the findings appear a bit biased.

The discussion of findings is clear and logical, with each of the identified themes discussed in turn. The authors' state that the major finding of the study is that nurses were described as important to pain management, but patients had difficulty identifying and describing the specific contributions nurses made. The citation of several studies that provide descriptions of caring, and uncaring encounters, and nurses' behaviors only highlights the apparent weakness of this study. This discrepancy was addressed by a minor acknowledgement that their findings are not clear, and then attributes the lack of description to their questions being only about pain experience (versus total care or poor nursing skills combined with unclear competencies), and that this was said to have made it difficult for patients to identify and describe. These notions are disappointing in that it appears to divert attention away from the inherent problems of the research, to limitations in the patients.

The first major theme regarding nurse presence and support brings the focus back to the experience of cancer patients, which is good, but concludes with yet another study that revealed examples of uncaring behavior and neglect. The reader at this point may be thinking that either the study knowingly did not want to discuss the negative behaviors of nurses or they somehow overlooked a key topic.

The second theme concerning sharing knowledge and giving information was consistent with many other studies about providing pain medication. Confirmation was so complete in so many studies, that it may leave the reader with the impression that this study did not need to be done. The study also finds that patients here did not expect nurses to provide alternate non-pharmacologic methods of pain control, whereas a Finnish study's patients expected they should offer these additional treatments. This information appears to have come completely from other studies research, because there is no mention of these findings in the results section. The mixing of findings that originate in different studies was confusing. Assumptions about the significance of why this studies' patients did not mention non-pharmacologic methods may have been made.

The final major theme concerned the importance of nurses to recognize pain. The findings were

consistent with previous research where some found that patients complained about not being taken seriously about being in pain, while in other studies, the patients did not complain about this. The wealth of previous studies on this topic suggested again that yet another investigation on this topic was not particularly needed at this time.

The study seems reluctant to reveal that the interviewer was a staff member in the hospital, perhaps because they were concerned that this explained why so many patients had so few complaints. This information, while significant in the discussion section, has much greater significance to the study as a whole, because the interviewer may have had a conflict of interest by reporting, and describing nurse behaviors, and experiences. Several significant limitations are listed in the discussion section and then defended point by point. Overall, the results and discussion sections (1) had no major new or interesting findings, and (2) spend too much time defending the obvious major limitations of the research.

### **Critique of the Conclusion**

The conclusion that states the present study can increase nurses' awareness of their role in pain management, and improve patient pain experience is overly generous. This study did not provide descriptive patient pain experience nor were any of its' findings more in-depth or meaningful than any of the multiple previous independent studies. The conclusion states that the findings highlight some clinical implications for nursing pain management in cancer, but good examples of this are not given in the conclusion statement or elsewhere. In particular, methods of distinguishing cancer patients in pain from other patients experiencing pain are not provided. The study says that because patients could not give a good description of the nurses' role in their pain management, the implication is that nurse pain practice may be invisible and narrow in scope. This explanation appears to be speculation with no findings to support it. The conclusion mentions non-pharmacologic treatments and states that they can be recommended, but the results of this study do not include these treatments, so their recommendation is based purely on the research of others. Usually when authors draw conclusions that come from the work of others and not their own, this is a sign that the findings of the study are weak or problematic. This may be the case here.

In closing, the study states that by expanding the scope of nursing pain management the nurses' role will become more visible. The implication being the researchers believe that nursings' current scope of practice (responsibilities and accountabilities) impede their ability to control a patients pain is in no way supported by their study. There are many other factors that could be considered first, such as nursing culture, before a legal expansion of nurse practice. In summary, the conclusion section lacks clear findings and explanations, and relies too heavily on the research and conclusions of other studies.

### Summary

The introduction of this study is weakly supported by previous studies, most of which were ten or more years old. Moreover, the studies themselves suggest that many factors outside of the scope of this study are major contributors to a patient's pain experience. The introduction was however, well written, and flowed logically. The research sample is a convenience sample, and therefore of low external validity. Information needed to determine transferability could have been more fully developed. The research design provided only half of the possible elements of qualitative rigor, making rigor of medium quality. The methods were described very clearly, permitting a good determination of the rigor possible. The findings are not clear because the study did not provide rich descriptions of cancer patients' pain experiences. The researcher who conducted the interviews where the study was conducted appeared to have a possible conflict regarding the reporting actual patient experiences, because the interviewer was employed by the hospital. Factors describing

pain relief were clearly presented, and the themes, and corresponding examples were clear. The discussion seemed to communicate two points. First, previous studies provided better research and findings. Second, the lack of quantity and clarity in the findings is explained by patient limitations, and possibly other things. The lack of findings required an inordinate amount of time to explain and defend. If the findings of other studies are removed from the conclusion section the results of this study are unclear for a variety of reasons. Despite the limited information on the patients experiences, and on other aspects of the study, the article is well written and well structured, making it possible for readers to ascertain its strengths and weakness on their own. This is a valuable quality for any research article. Overall, due to these limitations, the study cannot be recommended as important reading material for pain managers or researchers in this field.

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### REFERENCES

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