

**UNIVERSITY OF DUBLIN
TRINITY COLLEGE**

FACULTY OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

B.Sc. (Cur.)
B.Sc. Children's Nursing

Assignment
Trinity Term 2014

Research for Nursing Practice 3

Module Leader: Prof. Fiona Timmins

Instructions to Candidates

Submission Dates: Monday, 14th April 2014

Word Count: 2,000 words

Additional Instructions:

- See School Handbook & Course Handbook regarding course work assignments.
- See current Harvard Referencing System as adapted for use by the School of Nursing and Midwifery

**NU3S03 Research for Nursing Practice 3
2014**

Assessment

- Students are given a list of topics drawn from the School's research matrix.
- Students will undertake a short structured reflection (500 words) in which they specify their choice of topic and identify an associated issue or problem from practice. The reflective account should include the relevance and significance of the problem or issue for practice.
- Students will produce an **annotated bibliography** (1,500) comprised of three published research papers on this problem or issue.

This assignment contains two main sections, the structured reflection and the annotated bibliography.

The structured reflection

Please use the following prompts based on Rolfe *et al.*'s (2001) three stage reflection model to guide you in this task (as adapted by Morrissey and Callaghan 2011, p.36).

Stage 1

- a) Which topic have you chosen from the School Research Matrix?
- b) What is your interest in this topic?
- c) Describe an issue or problem from practice related to your chosen topic

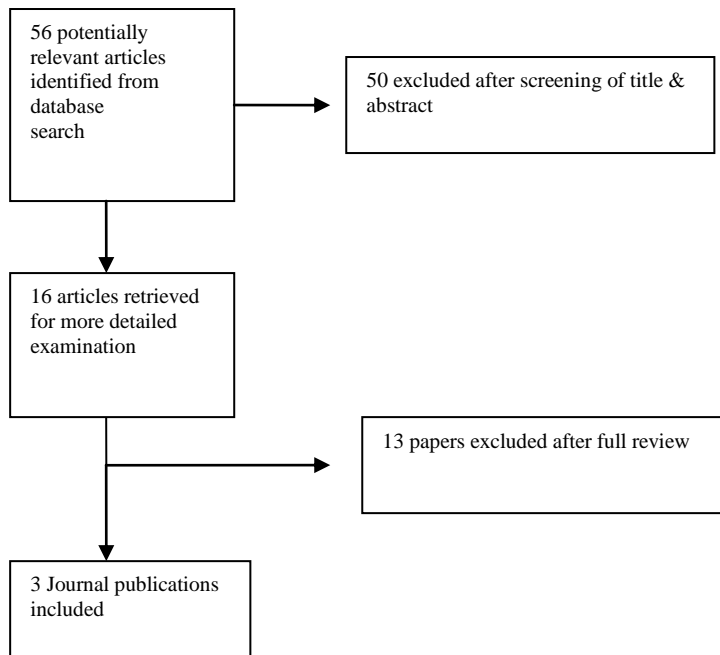
Stage 2

- a) Why is this issue or problem important and therefore worth exploring?
- b) What is the relevance of this issue or problem to:
 - a. Nursing
or
 - b. Practice
or

c. Healthcare

Stage 3

- a) Refine your issue or problem into a question or statement which can be studied.
- b) Outline your literature search strategy and include your search record as an appendix. You may choose to illustrate your search strategy with a flow diagram like this:



- c) Justify your choice of papers, i.e. on what grounds have you selected these articles for your annotated bibliography?
- d) Outline a summary critical analysis of the three papers.

The annotated bibliography

The purpose of the annotation is to inform the reader of the relevance, accuracy, and quality of the sources cited. For this assignment, a summary of the key issues arising within the topic (such as problem or relevance to practice) should appear in the reflection that precedes the annotation bibliography assignment. This comprises a reflection on the relevance of this issue and the research problem together with a summary critical analysis of the cited literature (up to 500 words). This section must also include your *search strategy*. This search strategy does not form part of the word count. The published papers that you use for this section do not necessarily have to originate in Ireland, although alluding to the state of knowledge and research generation on this topic in Ireland may be useful depending on your topic. Where possible refer to Irish statistics when discussing disease mortality and morbidity or the extent of the problem.

The annotation is more than merely a summary of a paper. This is usually called an abstract. Abstracts are the summaries often found at the beginning of scholarly journal articles or in periodical indexes. Annotations are **descriptive and critical**; they expose the author's point of view, clarity and appropriateness of expression, and authority. They examine the strengths and weaknesses of the paper and its usefulness and relevance to the nursing profession.

The process

Creating an annotated bibliography calls for the application of a variety of intellectual skills: concise exposition, succinct analysis, and informed library research. Firstly you need to locate and record citations to articles and documents that may contain useful information and ideas on your topic. Briefly examine the actual items, by speed reading their abstract/title/key contents. Then choose those works that provide the most appropriate perspectives on your chosen topic/research problem.

When you are writing the bibliography you first cite the paper using the appropriate style. Then write a concise annotation that summarizes the central theme and scope of the article. You may include one or more sentences that (a) evaluate the authority or background of the author, (b) comment on the intended audience, (c) compare or contrast this work with another you have cited, or (d) explain how this work illuminates your bibliography topic.

Relevant critical appraisal must feature in your annotated bibliography. You may use the critique guidelines (Coughlan *et al.* 2007, Ryan *et al.* 2007) to assist you to critically appraise and analyze the works for your bibliography. These critique frameworks enable you to outline

the strengths and weakness of the papers and its contribution to the evidence base in the area.

References

Coughlan, M., Cronin, P. & Ryan, F. (2007) Step-by-Step guide to critiquing research. Part 1: quantitative research *British Journal of Nursing* **16**,11,658-663.

Morrissey J., Callaghan P. (2011) *Communication Skills for Mental Health Nurses*. Open University Press McGraw-Hill, Berkshire.

Ryan, F., Coughlan, M. & Cronin, P (2007) Step-by-Step guide to critiquing research. Part 2: qualitative research . *British Journal of Nursing* **16**,12,738-744.

Annotated bibliography example:

This is a sample of one annotation only, and does not include a reflective account.

Lock, C.A., Kaner, E., Heather, N., Doughty, J., Crawshaw, A., McNamee, P., Purdy, S. and Pearson, P. (2006) Effectiveness of nurse-led brief alcohol intervention: a cluster randomized controlled trial *Journal of Advanced Nursing* 54 (4) 426-439.

Lock *et al.* (2006) reported on a community brief alcohol intervention. The research team provided training for this to an unknown number of practice nurses working in 93 GP practices across the North East of England. From these practices, half were randomly selected to provide either (a) brief alcohol intervention or (b) the usual treatment. Those nurses who were to deliver the intervention were provided with a specific protocol. However neither group of nurses knew whether they were in the intervention or control group. Following the intervention, the research team used questionnaires to identify the average number of alcohol drinks taken daily; to ascertain the client's reported quality of life and severity of the drinking problem. Ultimately there were 21 practices in the intervention group and 19 in the control, representing 67 clients receiving intervention and 60 receiving regular care.

Although both groups reduced their intake, the researchers reported no differences between drinking behaviours or quality of life between the groups. The authors concluded that having any type of intervention in the primary care setting seems to

be effective. However results from this trial need to be viewed with caution as the sample size was very small. Furthermore there was little attempt to match intervention and control candidates, rather it was the practice itself, rather than the individual who was in the “control” group. Extraneous variables (Gerrish & Lacey 2010) that could have caused differences between individuals in both groups were not considered. Individuals came from several UK practices, thus socioeconomic, physical and emotional variables could have differed considerably between individuals. Levels of support received by GPs and nurses also varied.

Interestingly the researchers cited lack of interest by nurses taking part in the study. Given the authors’ places of work and the geographical location groups of nurses could easily be targeted with the label of those reluctant to take part in research trials. The researchers also fail to recognise that (by their own admission) a reported “lack of consultation about their [nurses] consent” (*Lock et al.* 2006 p. 437) was cited as reason not to take part. Furthermore and nurses were not informed as to their true involvement in the study, and were unclear as to whether they were in the intervention or control group. Ultimately they were misled as to how the data would be analysed as “ the intervention condition of the study was masked by informing all nurses that the impact of alcohol advice was being evaluated” (*Lock et al.* 2006 p. 429). This indicates a certain lack of trust on behalf of the researchers, and non-compliance with veracity principles of research ethics (Gerrish & Lacey 2010). Notwithstanding these criticisms it is useful to know that cost effective, community based measures can be effective in reducing people’s alcohol intake.

This study recruited an equal number of males and females, with no specific gender differences noted. However there is some emergent discussion in the literature about the need to intervene specifically in situations of women’s overuse of alcohol. The rationale for this is that dependence in women can emerge more rapidly than men, is often overlooked, or masked by physical symptoms (Vandermause 2007).

References

Gerrish, K & Lacey, A. (2010) *The Research Process in Nursing* 6th edn. Wiley-Blackwell Publishing, Oxford.

Vandermause, R. K. (2007) Assessing for alcohol use disorders in women: experiences of advanced nurses in primary care settings *Journal of Addictions Nursing* 18 (4) 187-198.

Assignment checklist:

Have you provided a reflective account (500 words)?	
Does the reflective account deal with a topic from the School's research matrix?	
Have you included details about your search and included this as an appendix?	
Have you critiqued the journal papers that you intend to use?	
Have you provided an annotation of three journal papers (1,500)?	
Have you thoroughly proof read your work and completed it using the School's presentation guidelines?	
Have you included a declaration of originality?	
Have you used the Harvard referencing guidelines to support your work?	