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Critiquing the nursing literature

Prof Adrian Esterman





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Journal Impact Factors

The Impact Factor (IF) is a measure reflecting the average number of citations to recent published articles in the journal





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Journal Impact Factors

In any given year, the impact factor of a journal is the average number of citations received per paper published in that journal during the two preceding years





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Journal Impact Factors

Top five nursing journals

Rank	Journal	IF
1	Birth Issues in Perinatal care	2.9
2	Oncology Nursing Forum	2.4
3	Nursing Outlook	2.4
4	Research in Nursing & Health	2.2
5	Int. J. Nursing Studies	2.1





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Journal Impact Factors

Bottom five nursing journals

Rank	Journal	IF
102	Acta Paulista de Enfermagem	0.1
103	Texto & Contexto Enfermagem	0.1
104	Aquichan	0.0
105	Int. J. Nursing Knowledge	0.0
106	Workplace Health & Safety	0.0



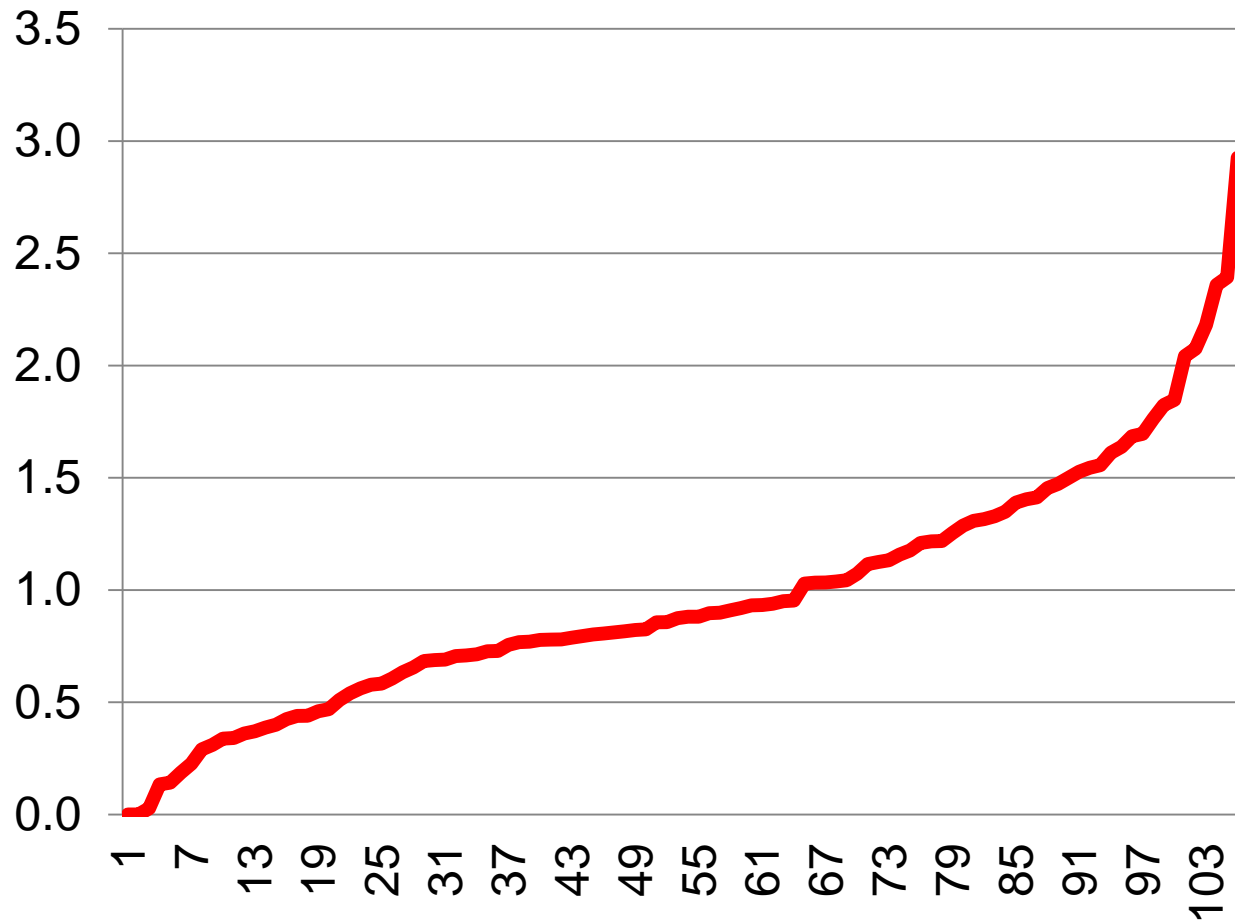


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Journal Impact Factors

Nursing Journals Impact Factors





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Journal Impact Factors

Top medical journals

Rank	Journal	IF
1	Cancer Journal for Clinicians	153.5
2	New England J Medicine	51.7
3	Nature Reviews Genetics	41.1
4	Lancet	39.1
5	Nature Rev. Mol, Cell Biol.	37.2






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NEJM Quick Take
Animated summaries of
original research — FREE!
Succinct.


New England Journal of Medicine
Impact Factor 51.7

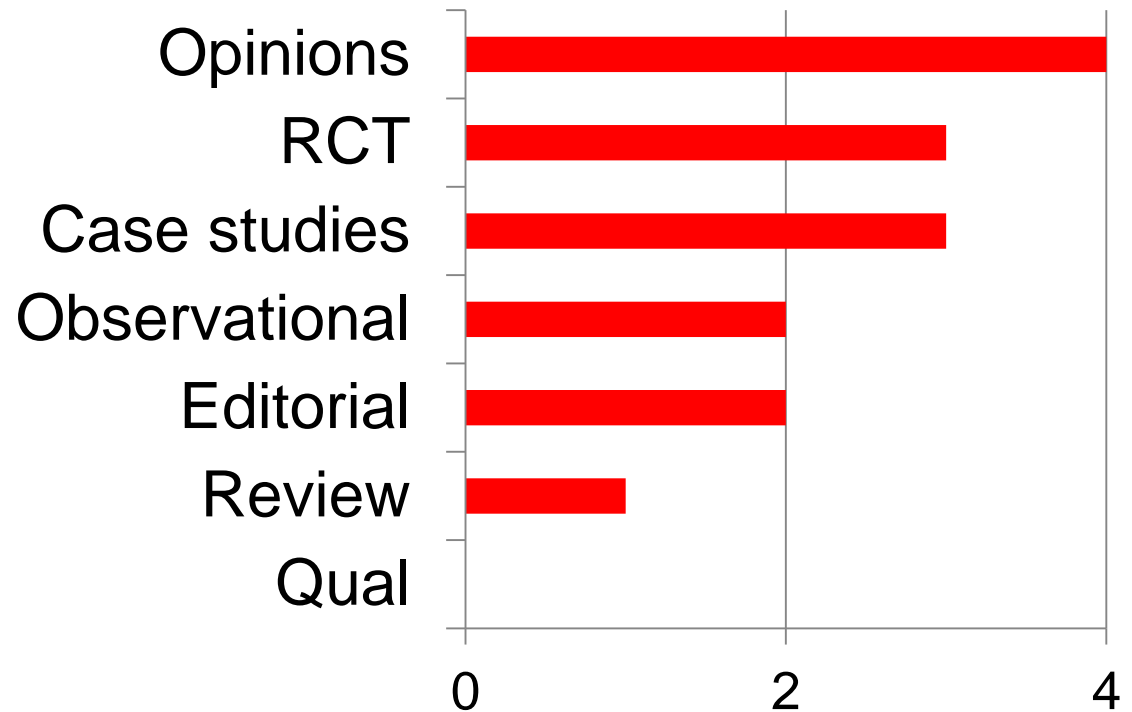


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Contents NEJM

Number of articles



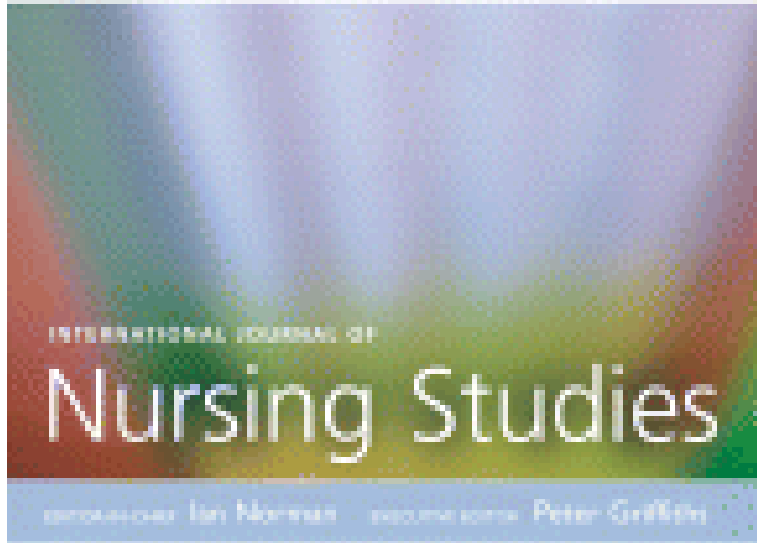


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International Journal of Nursing Studies
Impact Factor 2.1

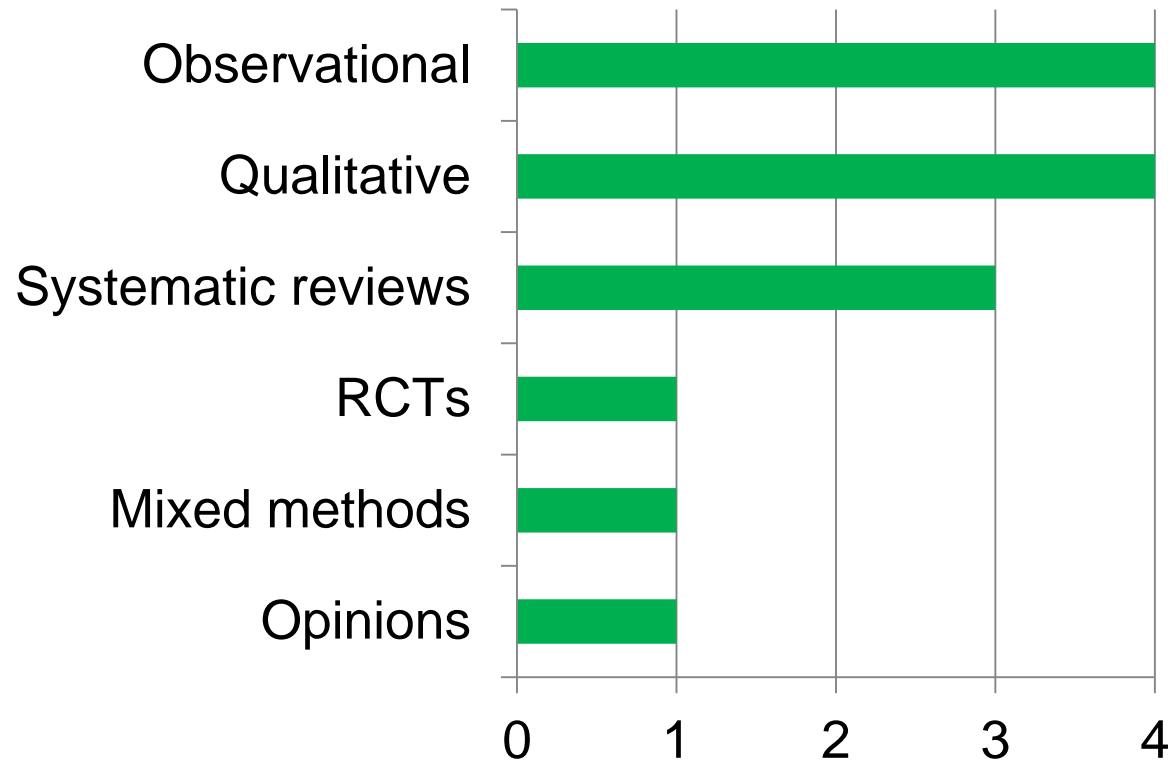


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Contents Int J Nursing Studies

Number of articles





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Levels of evidence





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Reporting guidelines for studies

Study design	Guideline
RCT	CONSORT
SR of observational studies	MOOSE
Diagnostic & accuracy studies	STARD
Observational studies	STROBE
SR of RCTs	PRISMA
Qualitative research	COREQ
Clinical guidelines	CARE
Statistical analysis	SAMPL





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Critical appraisal tools

Study design	Guideline
RCT	CASP & PEDro
Mixed methods	Evaluation tool for mixed methods studies
Diag & accur. studies	CASP
Observational studies	TREND & McMaster
Systematic Reviews	CASP & AMSTAR
Qualitative research	CASP, McMaster & JB
Clinical guidelines	AGREE II





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Paper 1

A Randomized Controlled Trial of Nurse-led Care for Symptomatic Moderate–Severe Obstructive Sleep Apnea





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Journal

American Journal of Respiratory and
Critical Care Medicine (IF 11.04)





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Authors

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Catherine Buchan RN (Nurse Specialist)

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Samantha Windler (Sleep technician)

Prof Simon Eckermann (Health economist)

Prof Doug McEvoy (Sleep Consultant)





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Title

A Randomized Controlled Trial of Nurse-
led Care for Symptomatic Moderate–
Severe Obstructive Sleep Apnea





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Background

- Epidemiology of OSA
- Discusses treatment – particularly CPAP
- Shows current diagnostic and treatment pathways
- Explains that current pathways unmanageable Suggests greater use of nurses and sleep technicians
- In last paragraph, aim is presented





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Aim

A randomized controlled study in which simplified home diagnosis, CPAP titration and overall care supervised by a specialist nurse was compared with the more traditional physician-directed, in-laboratory PSG, hospital-based program of care





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Methods - Design

A randomized controlled open-label non-inferiority clinical trial at three separate academic sleep medicine services





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Methods - Participants

Patients referred with a clinical suspicion of OSA were interviewed to assess their eligibility for the trial.





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Methods – Inclusion/Exclusion

Inclusion criteria were:

- (1) Epworth Sleepiness Scale (ESS) score of 8 or more,
- (2) history of snoring “most nights” or “every night,”
- (3) age 18–75 years, and
- (4) patient willing to trial CPAP.





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Methods – Inclusion/Exclusion

Exclusion criteria were detailed in online supplement





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Methods – Outcome measures

Primary outcome

Change in ESS. A difference of -2 specified as the non-inferiority margin

Secondary outcomes

SF-36

FOSQ

Neuro-cognitive function

MWT

VSQ

Costs





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Methods – Intervention

All subjects first received home oximetry
If positive for OSA, randomised into:

- (A) Simplified nurse-led model of care
- (B) Traditional Physician-led model





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Methods – Sample size

Study powered to demonstrate non-inferiority of nurse-led management compared with specialist-directed care with respect to change in ESS, the primary outcome measure.

Details of sample size calculation, method of randomization, allocation concealment, and blinding provided in the online supplement





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Methods – Statistical analysis

Compared change in scores at 3 months between groups, using an independent samples t test. The lower limit of the two-sided 95% confidence intervals was used to determine non-inferiority.

Data were analyzed using intention to treat principles, given patients' assignment and observed compliance.





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Methods – Results

Follows CONSORT statement layout for equivalence or non-inferiority trials, starting with a flow chart (Figure 2)





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Methods – Results

Presents baseline comparison between groups to demonstrate that randomisation was effective (Table 2).

Note: no attempt to formally test for baseline differences





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Methods – Results

Presents end of trial results (Table 3).

The mean change in ESS score for nurse-led management (model A) was not inferior to the mean change in ESS score for specialist-led service (model B) because the lower limit of the two-sided 95% confidence interval for the mean difference (-1.52) did not include -2, the pre-specified margin of non-inferiority.





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Methods – Discussion

- The main finding of study was that the simplified model of care was not inferior to the usual specialist sleep physician–led, hospital-based model with respect to the primary outcome measure, the mean change in ESS,
- Also, costs less in Model A.
- Limitations well described
- Conclusions justified





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Score out of 10?





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Paper 2

Experiences of parents whose sons or
daughters have (had) attempted





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Journal

Journal of Advanced Nursing (IF 1.53)





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Authors

A/Prof Niels Buus PhD RN (Public Health)
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Rasmus Hansen (Research Assistant)
Dr Elsebeth Stenager (Consultant Psychiatrist)
Dr Elene Fleischer (Counsellor)





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Title

Experiences of parents whose sons or daughters have (had) attempted suicide





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Background

- Epidemiology of parasuicide
- Previous qualitative research into parasuicide by sons and daughters





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Aim

To gain further insights into the experiences of parents of sons or daughters who have attempted suicide and how these parents respond to the increased psychosocial burden following the suicide attempt(s).





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Methods - Design

Focus groups with parents of children who have attempted suicide.





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Methods - Participants

Persons who took part in a support and counselling programme for relatives of persons who attempt.





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Methods – Inclusion/Exclusion

Purposive sample of 14 parents. No exclusion criteria.

1 parent took part in both focus groups





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Methods – Focus groups

Six topics introduced:

1. The programme at NEFOS (an NGO dealing with suicide);
2. Communication with other children (in the family);
3. Stress and strain in everyday life;
4. Coping with difficult thoughts and feelings;
5. Communication with family, friends and colleagues/acquaintances;
6. Influences on the parents' relationship.





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Methods – Focus groups

2 facilitators

2 focus groups

Issues introduced on plastic-coated notes.
Participants asked to collaborate and
arrange the notes in preferred order.

Very long focus groups 2.5 hours

Groups audio recorded and transcribed





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Methods –Data analysis

The analysis combined a thematic analysis with a subsequent analysis of how the themes were negotiated in the conversational interactions.

First coded the thematic content of the transcripts and identified four categories, which had some resemblance to the topics from interview agenda





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Methods –Data analysis

Secondly, divided transcripts according to the four categories and analysed the conversational turn-take structures and the topic-organization to identify how speakers presented and negotiated the conversational content.

Identified two central themes.





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Methods –Data analysis

Thirdly, further explored and described the characteristics of the two themes through systematic comparisons of the thematic content and the two themes were linked to exemplary data extracts.





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Methods –Data analysis

Fourthly, re-examined the original audio recordings and the transcripts to determine whether the two themes and the data extracts represented a nuanced and balanced interpretation across the two interviews





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Methods – Results

The participants in the study described their experiences as a double trauma, which included the trauma of the suicide attempt(s) and the subsequent psychosocial impact on the family's well-being.

The pressure on the parents was intense and the fundamentally unpredictable character of suicide attempts was frequently emphasized.





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Discussion

Participants described themselves as severely emotionally and being caught up in a very disempowering situation, where the psychosocial effects of the son or daughter's suicidal behaviour threatened to corrupt all interpersonal relationships in the family.

These findings were in line with previous research on parents of sons or daughters who attempt suicide





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Limitations

1. Participants were recruited after participating in individual and group-based counselling about suicide.
2. Data were produced during group conversations where the facilitator involvement was deliberately low.
3. The size and group composition of the two groups differed.





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Conclusions

1. The trauma of being the parent of a suicidal child was experienced as a double trauma.
(a) Immediate effect of the suicide attempt;
and (b) The longer term effect on the entire family
2. The parents were scared of a repeated suicide attempt





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