

**University of Colorado
College of Nursing
NURS 6019: EBP: Evaluating Evidence
Qualitative Research Critique**

Name: Bridget Everhart & Erica Rossignol **Date:** November 5, 2023

Article reviewed: (Author names, year, title of article, Journal, volume, page numbers)

Zeighami, R. & Ahmadi, M. (2021). *Phenomenological explanation of women's lived experience with spouses with mental disorders*. Journal of Nursing and Midwifery Sciences, 4 (01). 34.

Use the grid below to rapidly appraise the study.

	YES	NO	Page number/comments
Research Purpose			
1. Is the purpose of the study clearly stated?	Y		Page 35-Investigate the lived experiences of women who care for spouses with mental disorders.
2. Is the research question clearly identified?	Y		Pg 35 the study "aimed to explain phenomenological women's experience with spouses with mental disorders"
Review of the literature/background			
1. Is the review of the literature logically and clearly organized?	Y		Pg 35 Introduction section. The literature review was logical and organized, and presented concepts related to the topic - mental health as a global concern, costliness of mental health and hospitalization, that the focus is mostly on patient support but not support of family members, womens' role as caregivers
2. Was current literature included in the review (published within the last 5 years)?	Few		Most referenced articles are > 5 years old. Only 4 out of 21 references were from 2018 or more recent
3. Were primary citations used in the review of literature? (primary sources written by the person who originated the ideas published)	Y		Page 40- For example one of the researchers, Zeighami, was cited as an author in 3 references. 1 <i>The Positive Effects of Parents' Mental Illness on Their Children</i> , 24 <i>Explanation of Parent Gender</i>

			<i>Difference on Needs of Children of Parent with Mental Illness, and 27 Outcomes of Parental Mental Illness on Children: A Qualitative Study from Iran.</i>
Research Design			
1. (circle-highlight) Phenomenological ; Grounded Theory; Ethnography; Descriptive; Narrative; Case study; other:			Page 35 Phenomenological
2. Was institutional review board approval obtained?		N	Page 36. This study was outside of the USA so did not have "IRB" approval. Some countries have an "independent ethics committee." This study is listed as approved by an ethics committee within a University "IR.QUMC.REC.1395.36 at ethical committee of Qazvin University of Medical Sciences"
3. Was the phenomenon of interest clearly explained?	Y		Pg 35 yes in Introduction. The phenomenon of women's experience with spouse's mental disorders was explained including associated aspects - e.g. mental health as a global concern, health economics / hospitalization is costly, the focus of care is mostly on patient support but not on family members, womens' role in caregiving
4. How were study participants selected?	Y		Page 35-Purposive sampling method. 10 participants with spouses with mental disorders that were hospitalized in 22-Bahman Hospital in Qazvin, Iran. Patient had to have a mental health disorder diagnosed for 1 year (?at least). Women must have had a "history of marital life" (assume to mean "married") and be willing to participate. Exclusionary criteria are "not cooperating and to exclude the

			study every time they want" (unclear meaning but assumed to mean that women were excluded if they didn't want to be part of the study and if they weren't willing to continue through the whole study)
5. How many participants were in the study? N =	Y		Page 35 N=10
Measurement/Analysis			
1. Did you understand how data was collected?	Y		<p>Page 35 Quasi-systematic interview used for patients to state their life experience with a spouse who has a mental health disorder. The interview started with general questions about the experience living with the spouse with mental illness, and then exploratory questions were asked to gain more in depth information. Interviews lasted from 40-90 mins until "data saturation" and then 3 more interviews were conducted.</p> <p>Interviews were recorded and immediately typed "word-by-word" (assume means "word for word")</p> <p>Non-verbal messages were also collected.</p> <p>The gathering and analysis of data occurred over 10 months.</p>
2. Did you understand how the researcher analyzed the data?	Y		Page 35- Authors used the Six-step Van Manen Method: facing to nature of experience, assessment of experience, thinking of native themes of the phenomenon, preserving directional strong association with the phenomenon, writing and interpretational rewriting and consideration of components of entire study.

		<p>Authors reported that they were attentive to factors for evaluating qualitative research - stability, validity, transforming and assurance.</p> <p>They used several techniques of data analysis including ensuring the researcher had experience in this topic to achieve trust with participants so they were better able to investigate findings. Also they used deep conversation and kept notes in the field, used reminding writing and also co-analysis and comparison of data with members of the study team regarding similarities and disparities.</p>
3. Did the researchers describe rigor in the analysis of the data?	Y	<p>Pg 36. Researchers did not identify the analysis with the word "rigor" but rigor seems to be present - interviews were recorded by digital record & immediately transcribed word for word to preserve data integrity & decrease bias of the researcher. There was co-analysis of data, and comparing of data among the study (searching) team for similarities and disparities</p>
Results		
1. Were the results logically presented?	y	<p>Page 35. The results were grouped together logically. The main theme of frustration had organized sub themes from the data. Each subtheme had examples with quotes from the lived-in experiences of participants.</p>
2. Do quotes fit the findings as described by the researchers?	y	<p>Page 35-39. The findings are supported by numerous quotes that are applicable and fit the findings. The 4 categories under the main category have various applicable quotes. An example is on</p>

			page 36 under “self neglect,” where a woman is quoted describing her uncontrolled blood sugar, depression, and nervous problem
3. Did the findings provide new understanding to the phenomenon in the study?		+/-	<p>The study did not reveal any new findings or phenomenon related to what one may expect to experience in the same situation. Loneliness, disappointment, hopelessness and abandonment are all outcomes observed that may be described with different terminology but have the same meaning.</p> <p>For example, in America, we consider the “insufficiency of knowledge” and “labeling” that increases risk for isolation and seclusion as the “stigma” surrounding mental health disorders and treatment. It appears the insufficient knowledge obstacle is what Americans may consider bringing “awareness” to mental health disorders through campaigns, education, and other strategies used to decrease the stigma surrounding mental health care. The experiences are similar, but described with different terminology.</p> <p>The findings, however, may provide a new understanding and elucidate this phenomenon in the cultural setting where the study was performed. It is not clear from the authors if these findings are new or unique, within the cultural context of the participants.</p>
4. Did new insights emerge from the study that can enhance practice?	y		Findings from the study support the idea of patient and family centered care and a holistic whole health

		<p>approach to mental healthcare to improve psychological outcomes for the family.</p> <p>Insights from the study that may enhance clinical practice also include a better understanding of the lived-in experiences of a different culture and awareness of different terminology that may be used to describe symptoms or concerns. Societal norms may also play a role in identification and treatment of mental health disorders and should be considered in a cultural context.</p>
5. Are the findings plausible and believable?	y	<p>Yes, the lived-in experiences and findings are plausible and believable. Every culture will face unique challenges related to their specific family situation. However, as described on the page 39 discussion, families are unique systems and a change to one family member affects the entire family. Findings of lived-in experiences of loneliness, disappointment, hopelessness and abandonment are all outcomes that would likely occur in other cultures and populations.</p>
6. Is the reader able to imaginatively be drawn into the experience?	y	<p>The subthemes are organized so the reader can understand the theme and read the information and there are direct descriptive quotes to better imagine the lived-in experiences.</p> <p>Some of the descriptions used around the participants' experiences (e.g., page 37) allowed the reader to be drawn into the experience - the spouse describes being in a disturbed and stressful</p>

		<p>environment of home and the intolerance, worry and impatience of the spouse make the inflamed and unquiet environment in the house.</p> <p>The quote just after that on page 37 provides context to what unquiet and inflamed means in this culture and allows the reader to imaginatively visualize the scenario that fits the description.</p> <p>The reader can easily imagine the high level of disturbance and stress of having a child who displays self-injurious behaviors due to the anxiety the father with the mental health disorder causes. The mother describes taking her child to the doctor for 3 months and being told the child must take the medication or will require hospitalization to be stabilized.</p> <p>Consistent with hermeneutic phenomenology, the researchers provided interpretive and descriptive data which allows readers to gain a better understanding of the experiences of the participants studied.</p>
Conclusion/Discussion		

1. What are the strengths and limitations of the study?

Strengths:

The findings are plausible and believable and overall add to the existing body of literature related to the challenges for the spouse of someone who has mental illness.

Sampling method of purposive sampling allowed for a small sample size of the best source of information about the experience in question. Information was able to be obtained from the small sample size with a total of four interviews for each participant. Formal interviews were semi-structured and allowed for the participants to answer in their own words. Semistructured interviews allowed for comprehensive and systematic data collection.

There appeared to be rigorous collection of data with descriptions of interviews (general to focused), data collected on non-verbal responses, and a sufficient time frame for collection - 10 months.

Research was analyzed using Van Manen's evaluative criteria for phenomenological study which is a strength in this study because it provides a way to evaluate data with a standardized set of criteria. The techniques of data analysis also appear rigorous.

Van Manen's evaluative criteria for phenomenological study include: oriented, strong, rich, and deep. The authors appear to have met these criteria: it is *oriented* related to the stressors on the family of mental health patients, the study is *strong* with clear and powerful concerns related to the women caring for spouses, it is a *rich* study with measurable examples and descriptions of concrete experiences. It also is a *deep* study where there were several interviews, deep conversation was used and provided meaningful data for spouses and family members

Limitations

A limitation is that authors did not discuss strengths and limitations of the study.

The study has limited generalizability due to the specific setting and population studied - in 1 country, women spouses, mental illness of certain types and where there was a hospitalization for the mental illness.

The spouses of the study participants had various diagnoses (schizophrenia, bipolar, depression, anxiety disorder, forced obsession). It is unknown if certain diagnoses, or functional patient level, were associated with more or less spousal challenges. Focused groups with spouses with a certain diagnosis may have provided insight, or connecting the findings to diagnoses.

There are few population demographics listed and there may be other factors about the population that affect the results. For example, length of marriage, religion, if the spouse with mental illness is employed, number of hospitalizations for mental illness...)

The specific question that researchers asked was not stated. The specific question(s) that researchers use can give context to the participant's responses. Authors state that the first question was wide and general regarding "...living with diseased spouses..." These words could be a language translation issue but the initial question should be without bias or implications about the participant's experience (i.e. "diseased").

Semi-structured formal interview could also be viewed as a limitation. An unstructured and open ended interview would allow the participants to fully describe their experiences, thoughts and feelings. Group interviews with all of the participants could have also been used in combination with other types of data collection.

There were not clear explanations about what researchers did to assure credibility, transferability, dependability and confirmability to meet trustworthiness criteria.

2. What are the biases of the study?

There does not appear to be bias during collection and analysis. Researchers appear to have adhered to a clear process as described above without bias during collection or analysis.

The results of this study are best interpreted within a cultural context and there appears to be bias related to a priori assumptions around women's role in this cultural context. The study examined the experiences of women from Iran but did not discuss the possible influence of culture and did not support statements made in the introduction like women "...have the greatest role in the management of the family."

3. Were populations inclusive in the study? If not what populations were missing based on the study purpose?

The purpose of the study was to investigate the lived experiences of women who care for spouses with mental disorders. The study was not widely inclusive and there were populations missed that could have made it more generalizable.

The included population is very specific - women spouses of hospitalized patients in a hospital in Qazvin, Iran. The population studied were women spouses of patients who had been hospitalized, unclear length of time with the diagnosis (this may have been the column one in Table 1 but is unclear), and represented 5 different diagnoses.

The studied population is not inclusive of spouses who are not women (although women were in the stated purpose) and the study is not inclusive of other populations of mental health patients - e.g. those who have not been hospitalized, those with varying lengths of diagnosis and with other diagnoses.

In the introduction and literature review the study describes mental health disorders as prevalent in all societies and cultures but the review does not explain relevant cultural considerations with this population. The phenomenological approach in this study might be more effective if it described the mental health philosophies of the *specific* population studied. Mental health treatment and concerns are likely different in Iran in comparison to other countries and this may have directed the researchers to be inclusive only of this very specific population of women spouses of mental health patients who had been hospitalized; but this was not described.

4. Overall impression of the study

The topic is relevant and important and the findings are plausible and believable. Attention to the loved ones of those with mental illness is clinically relevant. But there are several aspects of the study that seem to decrease the level of quality.

The references are mostly older than 5 years so questionable current relevance.

The authors described the data collection and analysis thoroughly and used a known method. However, they did not describe the strengths or limitations of their study.

One limitation of the study is that the authors do not explicate why women spouses were the chosen population and do not describe the cultural context. A description of a society's schema regarding mental health would assist in the understanding of the choice of participants and in comprehension of the findings in context; regardless of where the study was completed.

In the introduction and literature review there are some statements about mental health as a global issue but no description or data about unique characteristics of mental health in Iran, where the study was performed. There appear to be a priori assumptions about women's roles without adequate support for statements like "...women as the most effective member of the family..." and "...have the greatest role in the management of the family...". The references used to describe women's roles do not adequately support the author's statements. For example the statement from the authors "Women experience more stress than men" was referenced with a study about addicts' wives.

The researchers do not describe the usual standard of care or the societal norms in Iran for men experiencing mental health disorders. For example - is hospitalization more common than outpatient treatment? Cultural information regarding mental health stigmas would be useful in understanding the lived experiences of these women in Iran.

The study did not reveal any new or surprising information that one may expect when reading a phenomenological study of the experience of a woman who is the caretaker of a husband diagnosed with mental illness. However, the findings are plausible and appear to be in line with other studies about women's stressors when a spouse has an illness.

The study is relevant in its recognition of multiple problems that need to be addressed to improve mental healthcare, particularly the lack of support for the spouse and families. This study identifies themes that could be further studied and programs created to help address some of the concerns for both the spouse and the person with a mental health disorder. Eliminating mental health stigma, early identification and screening of mental health disorders, family therapy, family and caregiver support groups, and government-sponsored financial programs are some of the areas that could be further improved based upon the results of this study.

5. Provide a 5-7 sentence paragraph summary of the article. Elements to include: Purpose, Research Method, Results to include major themes, Clinical "so what"

The purpose of the study was to explain the lived experiences of women with spouses diagnosed with mental illness. The purposive sampling method was used to select ten female participants who had spouses with mental illness and were hospitalized in a hospital in Qazvin, Iran. The researchers used semi-structured interviews and observation and adhered to the known Van Manen method with attention to rigor around data collection and analysis (e.g., immediate transcription word for word, field notes, co-analysis). Thirty one concepts were extracted and converted to major themes with the main category of “frustration” and four additional categories of “gradual extinction,” “disappointment,” “forgotten,” and “financial disconnection.” The themes and quotes describe the multiple challenges that are faced by these women and indicate that a wide spectrum of services are needed to care for the spouse and family. Clinically the findings are relevant and useful because they document the challenges and stressors experienced by the loved ones of a spouse with a mental illness and the findings address the lack of attention and support given to these loved ones. Additional exploration around the context of the study and its findings would likely have better facilitated linkage with other studies.

6. Did the article answer the PICO question? (support your answer based on the article)

PICO: How do women with a spouse who has a mental illness perceive the caregiving experience?

Yes, the findings did answer the PICO question. Themes were found from women’s responses that describe their caregiving experience, with the main category of “frustration” and 4 additional categories - gradual extinction, disappointment, forgotten, and financial disconnection. These categories also had subconcepts.

Overall the themes reflect that these women have many challenges that affect them personally, like “self-neglect,” and financially “family economic disturbance,” and also felt lack of support from the care system and that their questions about the spouse’s illness were not answered.

Adapted from: Melnyk, B.M. & Fineout-Overholt, E. (2015). Evidence-Based Practice in Nursing & Health Care. 3rd ed. Philadelphia, PA: Wolters Kluwer Health, Appendix B. Fink, R., Oman, M., Makic, M.B. (2015). University of Colorado Hospital, Research and Evidence Based Practice Manual.

Complete the Evidence Table for this article:

Resources:

Melnyk, B.M & Fineout-Overholt, E. (2019). Hierarchy of evidence for intervention questions. Evidence-Based Practice in Nursing & Healthcare, 4th edition. Philadelphia, PA: Wolters Kluwer Health. p. 21 box 1.3 and p.118-145

Garrard, J. (2017). Health Sciences Literature Review Made Easy, 5th ed. Burlington, MA: Jones and Bartlett Learning.

Levels of Evidence: I-VII (Melnyk, 2023 text p. 21)

Not all articles will have elements for each column of the evidence table.

Author/ year/Title/ Journal	LOE	Aim/ Purpose	Theoreti cal Framew ork	Design/ Methods/ Instruments	Sample/ Setting	Variables studied	Data analysis	Relevant findings	Strengths/ Limitations	Overall Strength/Quality of the study
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<p>Zeighami, R. & Ahmadi, M. (2021). Phenomenological explanation of women's lived experience with spouses with mental disorders. <i>Journal of Nurse-Midwifery Sciences</i>. 8:34-41.</p>	<p>VI</p>	<p>Provide an explanation of the lived-in experiences of women with spouses who are diagnosed with mental illness.</p>	<p>NA</p>	<p>Qualitative study with phenomenological approach.</p> <p>Semi-structured interviews and observations were recorded, including non-verbal responses.</p>	<p>Purposive sampling method of 10 women who have hospitalized spouses with mental health diagnosis and hospitalized in a hospital in Qazvin, Iran.</p>	<p>Individual's stated experiences on life with their spouse who has a mental illness.</p> <p>Non-verbal cues such as body language, facial expressions and gestures recorded.</p>	<p>Six-Step Van Manen</p>	<p>31 concepts extracted</p> <p>Main theme "frustration" with 4 subcategories plus additional concepts in subcategories.</p> <p>Findings demonstrate the many personal challenges of the spouse, and lack of support for the spouse and family of the person with mental illness</p>	<p>Strengths:</p> <p>Qualitative design appropriate for this phenomenon of interest</p> <p>Appears to have rigor in collection and analysis - used Van Manen process</p> <p>Clinically relevant</p> <p>Limitations:</p> <p>Authors did not describe strength, limits of the study</p> <p>Questionable generalizability because of very specific sample and culture context</p> <p>Limited demographics listed about participants & certain characteristics may be relevant</p>	<p>Good Overall</p>
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