# Learning for Professional Development

## Introduction

The practice based care issue given to be critiqued and discussion is recognition of dying. Death is part of the biological processes that every living thing goes through (Gardener, 2013). But as humans, death is not considered as ordinary as it may be in other living organisms such as animals and plants. The reason for this is that humans are highly advanced organisms who have the power to interpret what happens around them and react emotionally to them (Smith et al., 2016). For this reason, the feeling of eternal separation that comes with death makes dying a generally unwelcoming experience to most people. Walker et al. (2017) admonished that from a professional nursing perspective, nurses should have the skill to recognise dying so that they can put the family, friends, and other people who are close to the dying patient in the right frame of mind to accept the event with little or no serious shocks.in this paper, the work of Taylor, Dowding and Johnson (2017) on ‘Clinical decision making in the recognition of dying: a qualitative interview study’ is critiqued. The critique focuses on two research processes, which are sampling and data collection. The CASP model is used as the methodological framework for the critique. At the end of the critique, personal reflection on the selected practice based care is also given, using the Rolfe et al. (2001) reflective model.

## Critique of research processes and why they are significant

A study’s sample is the group of people that the researcher involves in the direct process of data collection. In a typical study where the researcher performs an interview to know how people react to news of death, the people that the researcher asks the questions are the sample size. Sampling is an important aspect of every research process. Gill and Johnson (2007) noted that sampling involves all the processes that the researcher undertakes to form a sample size for the study. Adams and Schvaneveldt (2011) explained that sampling is important not only in primary research but in secondary research as well. But since in primary research, researchers have some form of direct encounter and interaction with their sample size, it can be deemed that the processing of sampling is more important in primary research. Sampling is very significant in every research because of a number of reasons. The first is that the approach to sampling could go a long way to determine whether or not there will be biases in the research (Ghauri & Gronhaung, 2012). Creswell (2007) expressed concern about the fact that there are sampling methods such as purposive sampling, which when used wrongly could mean the researcher intentionally selecting people out of favouritism. Sampling is also significant because it could affect the quality of the research outcomes (Bell, 2015; Cooper, 2008). That is, when the sampling does not lead to the selection of the right people, it could negatively affect the results when the sample does not have what it takes to give answers relevant to the study.

The CASP tool for qualitative checklist present a number of questions that can be used to critique the extent to which the sampling by Taylor, Dowding and Johnson (2017) was adequate. One such question is, ‘was the recruitment strategy appropriate to the aims of the research?” (CASP UK, 2017). As part of this, the tool provides that the researcher explain how the participants were selected. In the study by Taylor, Dowding and Johnson, the researcher clearly gave an indication of how the participants were selected. For example they explained that, “Purposive sampling was used to identify potential participants” (p. 4). Once the approach to selecting participants have been explained, the CASP asks if the participants “were the most appropriate to provide access to the type of knowledge sought by the study”. From this question, the answer that can be provided in the context of Taylor, Dowding and Johnson is a yes. This is because using the purposive sampling ensured that the researcher target and select people with specific competence and expertise about recognising death. The researchers had the option of using random sampling but this could have resulted in selecting people who do not have the right expertise to provide the knowledge sought in the study (Hussey & Hussey, 2007). Having made this claim, it would be appreciated that a weakness with the purposive sampling is the potential for biases in the selection process (Hakim, 2014). This was somewhat controlled in the study by allowing interested participants to approach the researchers themselves.

The second research area that is of important significance to any study is data collection procedure. For a primary research such as the one by Taylor, Dowding and Johnson, it would be explained that the data collection procedure refers to the series of activities undertaken by the researcher to collect data from respondents (Remenyi, Williams, Money & Swartz, 2008). Robson (2012) noted that there are several types of data collection procedures and this is what makes the choice of researchers very important. That is, when not well guided, a researcher may select a data collection procedure that does not suit the purpose of their study (Saunders, Lewis & Thornhill, 2013). Some of the commonest forms of data collection procedures used in primary research are surveys, interviews, observation, experiments, and field trips. Selecting a data collection procedure must fit the type of research being conducted, whether a qualitative research, a quantitative research, or a mixed research (Sapsford & Jupp, 2012).

Dellinger and Leech (2007) noted for example that using an interview for a quantitative research may not be very effective. One of the factors that make the data collection procedure very significant to the research process is that it is the main means by which the researcher gets or gathers the data, which forms the results of the study. By inference, when the right data collection procedure is not selected, or the right one selected was not used in an appropriate way, the validity of the study will be negatively affected because the study may fail to measure what it was set out to measure (Green, Johnson & Adams, 2016). The CASP tool emphasises on how the quality of data collection procedure can be determined. A question posed in the CASP for assessing the data collection procedure is, “Was the data collected in a way that addressed the research issue?” for this, it is expected that the setting for the study will be justifiable. The study by Taylor, Dowding and Johnson was set in a hospital. This was certainly justifiable because they wanted to investigate clinical practices about end of life.

Once this setting was used, the researchers were able to get different groups of people with expertise in end of life. These included a professional, a specialist, and a grade. Again, the CASP asks if it is clear how researchers collected data. For this also, Taylor, Dowding and Johnson used an interview in their data collection. The CASP provides that once the researchers select the data collection procedure, they justify the reason for its usage. According to the researchers, the interview was necessary in offering close-up personal interaction between the researcher and the respondents. This is indeed a practice that is very necessary in qualitative research, a reason using interview is perfect for qualitative research. Hart (2008) explained that in qualitative research, the overall goal of the researcher is to explore a concept. Meanwhile, it is only when the researcher can engage in personal interactions with respondents in the form of an interview that effective exploration of the concept can be done. It is interesting however that Taylor, Dowding and Johnson reported that their “study used a descriptive approach to decision making theory” (p. 1) because the interview as a data collection procedure is not descriptive in nature but exploratory.

## Reflection on own experience

I have personal experiences with the issue of recognising death, which can be reflected with Rolfe et al. (2001) reflective model. What happened was that I was assigned to a patient with terminal illness and had thus been recognised to die. And so I had a good experience of making the patient and family accept the reality by involving relatives and close friends to appreciate the reality that was at hand, and how they could prepare themselves against sudden shock. I did this with the guide of the stages of grief, as proposed by Kübler-Ross (1969). It would be noted that Kübler-Ross established five main stages of grief, which are denial, anger, bargaining, depression, and acceptance. Knowing all these stages and how a patient facing terminal illness would take each of these, I prepared a practical model that ensured that my patient who was suffering the terminal illness did not have to go through the stages alone but with other close relatives. My motivation for doing this was that it would ensure that by the time that the death, which was recognised earlier happens, the people around the patient would have also come to accept the reality and thus not experience much grief. At the denial and anger stages, I assigned a psychologist to the patient and his family to share their feeling about how they felt about the terminal illness. This gave them the chance to deny the depth of the illness as something that could not happen to them. It also gave them to express their anger about why they were going through what was happening.

At the bargaining stage, the patient and family were assigned to a doctor, whom they confined in as someone who could help them avoid the reality of death. Because the illness was a terminal one and death had already been recognised, the doctor made the group face the reality that death could not be avoided at that point. This naturally made the group go into the fourth stage, which was depression. At the depression stage, I worked together with the psychologist again in ensuring that the group could accept death as the only option available to relief the patient from the extent of pain he was experiencing. It was not easy to make the patient and family accept this position because they were hoping for a miracle rather than having to deal with the reality. Through consistent negotiations and counselling, the patient and family eventually came to appreciate that death was an inevitable part of humans and that in some cases, it is the best option to ensure that people did not have to go through undignified pain and distress. At this point, the patient and family entered the acceptance stage, as they developed peace with what was about to happen.

Now what is at hand is that, building on the evidence from the work by Taylor, Dowding and Johnson (2017), there are a number of things that can be learned about how I can do things differently or better when faced with the same situation. First, even though I involved other professionals other than myself, the work by Taylor, Dowding and Johnson expresses the need to have even more such professionals being part of the recognition of death and stages of grief. Fundamentally, when the professionals are many and varying, including it specialists, it makes it possible for each of them to bring their expertise to bear. This way, it becomes easier for the patient and other people involved to go through the stages of grief quicker than normal (Smith et al., 2015). In my case, one major weakness I had was the fact that it took the patient and relatives very long time to transit from the depression stage to the acceptance stage. This means they had to go through a long process of grief before relief.

## Conclusion

This was a two-in-one paper, which critiqued an article on a chosen area of professional practice and also give a reflection on the area selected. The area of professional practice was recognising dying. The work of Taylor, Dowding and Johnson (2017) was selected and critiqued with the use of CASP model. Two research processes critiqued were sampling and data collection procedure. From the critique, it emerged that the sampling method used by the researchers, which was purposive sampling was fit for their research. This is because the area of study was a very technical one, where the purposive sampling ensured that they could target the right experts to give professional information. The data collection procedure was interview, which was also good for the qualitative nature of the study. Meanwhile, the researchers described their research design as a descriptive one and this was a weakness, which suggested that the interview did not fit well for that purpose. The reflection showed how I successfully used the stages of grief to help not just a patient but also his family to successfully accept a recognised death.

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