

Points criteria:

| Criteria | Under performance <3 points per criteria | Basic 3 – 3.9 points per criteria | Proficient 4.0 – 4.4 points per criteria | Distinguished 4.5 – 5 points per criteria |
|------------------------------------|--|---|---|--|
| Required content objectives | Content objectives are missing or sparsely covered. | Content objectives are not consistently addressed. Demonstrates minimal understanding of content. | Content objectives consistently addressed. Demonstrates understanding of content. | Content objectives consistently addressed. Demonstrates mastery of content. |
| Academic writing standards | Writing lacks scholarly tone & focus. Sparse content. Multiple grammatical, spelling, & factual errors. Reliance on bullet points rather than effective writing in speaker notes. 4 or more direct quotes per project. | Writing is unclear and/or disorganized. Inconsistent scholarly tone. Inadequate depth of content. Grammatical and spelling errors. No more than 3 direct quote of less than 40 words per project. | Writing demonstrates general exploration of content. Responses are clearly written using scholarly tone. Few grammatical and/or spelling errors. No more than 2 direct quote of less than 40 words per project. | Writing demonstrates comprehensive exploration of content. Responses are clearly written using scholarly tone. Rare grammatical and/or spelling errors. No more than 1 direct quote of less than 40 words per project. |
| APA formatting | References and citations have multiple errors or are missing. | References and citations have errors. | References and citations have few errors. | References and citations have rare errors. |

Carefully review the above rubric and the directions for each of the following pages. Select from **one** of the two articles provided in the course discussions area. Based on the type of research selected, respond to the questions on the following pages.

References: *See the course syllabus for specific requirements on references for all assignments.*

Project 1

Part A: Select just one (not both) of the articles from the week two DQ assignment thread. Determine whether the article is qualitative or quantitative research, then, using an academic voice & APA formatted citations/references, formulate a 150-300 word response to each of the following sections and enter your responses into the textboxes below.

1. Using APA format, enter the reference for the article you reviewed. Explain the rationale for selecting this research article and how it relates to your own practice.

The research article reviewed is a qualitative study about patient perceptions of their own non-healing wound status (Chen et al., 2020), where thoracic drain tube removal and discharge home

prior to the wound resolving. The journal article assessed participants' feelings created by wounds; stressors of not healing, side effects such as drainage, smell, pain, management of the hands-on wound care. Both increased physiological and emotional effects that impacted the patients were captured in formulated questions that were presented by the researcher in the language of the patient. Topics of discord surfaced as patients noted additional out-of-pocket costs, transportation to follow-up appointments, wound care clinic appointments, and limited resources of emotional support that chipped away at who and what the patients defined themselves. There were increased consequences in addition to the open wound such as unexpected self-concept changes when not able to return unencumbered to their lives after surgery.

This article was selected for this project due to my familiarity with years of patient care issues and concerns while performing home care and hospice, working outpatient wound care center, working as an insurance utilization/case management reviewing discharge planning barriers, and working for attorneys as a legal nurse. Establishing care needs of the clinician, doctor, and patient, setting goals with the patient deficits in mind, and establishing strong rapport. All of this collectively allows for the patient to receive/process/execute the teaching to return to independent living or with family assistance. Collaboration with other providers to access the best possible patient outcome from medical concerns, mental state, financial, home safety, and overall support to focus on healing.

The study did not address common themes vulnerability of patients' specific socioeconomic status, demographic barriers, nutritional barriers, support barriers, safety needs, or the education or expectation set by the medical team before the surgery for the needs and level of aftercare.

1. Describe how you determined whether the selected research article is qualitative or quantitative.

The research article selected was qualitative for the following reasons: There was not a significant numeric or statistical focus for actual non-healing data such as measurements or wound grading by drainage, temperature, antibiotic treatment. There was no defined clinical information for comorbidity of each subject, the surgical suturing style was not specified for each patient, nor was the technique used for the chest tube insertion and anchoring. There were no rating systems for the patients with a numerical value or point system to add up designated answers by points or percentages. There was not an overall formatted satisfaction assessment before or after the thoracic tube non-healing events occurred. There was not a baseline taken for anxiety scale or depression scale pre-surgery, followed by a post-procedural rerating to capture a self-rated numeric value or change to identify at what point of the process the patient started to trend as anxious or depressed for example. The study did not address behavioral medications or pain medications in use for any consideration of side effects or benefits.

In this study, digital recorders were used in the face-to-face interviews via a series of defined questions and transcribed to interpret feelings and verbiage stated by patients to the researchers. The standard definition of qualitative research conveyed researchers gaining trust from participants, who are open to state feelings, perceptions, or concerns. Researchers collect the subjective data and correlate common themes of reporting by the participants. Researchers

Summarize the overall responses and, in some cases giving direct quotes for either the outlying patient statements or the commonalities of the subject statements. (Simmons University, 2022.)

Part B: Based on the selected research, formulate a response to each of the following 8 questions associated with the selected research type (qualitative or quantitative). Enter your thoughtful responses to the textboxes below. Each response should be 150 – 300 words and cited using APA style from your reference list.

1. Why is IRB/informed consent an important part of research? Determine if Institutional Review Board (IRB) approval/informed consent obtained. If the research was done outside of the United States, the review body may go under a different name.

The IRB in this research project was an Ethics Committee of the First Affiliated Hospital of Soochow University in China (Chen, 2020). IRB would review the consent as an open communication to the subject with the researchers openly advising of all aspects, measures, and the information sought to be collected. Researchers did indicate consent agreement was reached in the language or at the education level that each party. Chinese Ethics Committee was the governing body in China for the evaluation of research of a biomedical nature, which this study was not collecting any biological samples of any kind. Moreover, guidelines advised of no need for review by the Chinese Ethics Committee as it did not evaluate interviews. (Chen et.al, 2020) pp125.

Informed consent is a document that explains clearly to the participant the parameters of the study and details of use as well, as they are participating voluntarily and if any issues of conflict exist. The other aspect of the consent document is that it should have the requirements clearly defined as to the level of information they have agreed to provide, on what frequency, any

actions required, records sought, contact with medical offices, if any other information will be sought or released.

1. Describe (based on selected research type)
 1. **Qualitative article:** the purpose statement – **or** –
 2. **Quantitative article:** the problem and purpose of the research

The statement of purpose for the “Perceptions of Life.... drain tube”, was to "explore the perceptions and experiences of the patients in this limited study with the non-healing wound by secondary intention after the removal of a thoracic drain tube." (Chen, et al. 2020) p 124.

This was a subjective research project about the feelings of patients discharged to home with a non-healing incisional wound status post-surgery or post-procedure. There were research questions formulated and standardized for consistency of use, also consistent application of patient-to-researcher interviews each time. The purpose statement was reconciled with the findings of the unexpected reporting by participants of increased anxiety, loneliness, and depression-like feelings advised when left to heal outside of the hospital accessing wound care center and surgical follow up with or without their family support system.

2. Describe (based on selected research type)
 1. **Qualitative article:** research design – **or** –
 2. **Quantitative article:** the research questions

The Qualitative research design in the Perceptions and life experiences research study (Chen et al., 2020) was a qualitative phenomenological study per the abstract. This phenomenological is one of 6 types of qualitative research. In general, seeking any aspect of sincere feedback that was

not determined beforehand in the hypothesis. There were expressed perspectives by patients that were not considered before the study. The study protocol standardized a list of study questions. Researchers prepared the interview process in the room at the hospital. As the research study, thoracic drain tube placement process was not assessed for patient/Medical doctor's perceptions of effectiveness. There was a pattern of feelings generated in the feedback during interviews of each individual subject who indicated effects not previously known.

The patient feelings about the non-healed wounds were identified in this study as a collection of subjective emotional responses of each participant after the surgery when the incision line remained open after the drain tube was removed. The patients voiced concerns or added stressors directly of the care plan by their doctors after discharge to home. The subjects' feelings emerged after wound care center care appointment schedules, transportation to the doctor follow-up appointments, increased or unanticipated costs, obtaining supplies, recognition, and reporting of infection issues to the medical staff, needing to depend on others for rides, and access to care. The subjects were fending for themselves for wound care products, anxiety-provoking situations when left alone or frustrated to solve unexpected problems without a pathway. The feelings reported about less quality time with family, not returning to work, and less access to what the patient identified as his/her identity or life and support system. All items noted can negatively impact the patient's healing. This study illuminated that psychological and physiological added healing time for the non-healing incision to heal.

1. Explain in your own words a summary of the literature review used in the selected article.

The summary of the literature review used in this article covered topics such as thoracic drain tubes, other types of thoracic surgery recovery, strategies for wound healing, identification of risk factors resulting in poor healing, ostomy surgical recovery, principles of psychology used for consistency in the application of the interviews and researchers retrieval of data, secondary sutures in failed abdominal surgeries, techniques of surgical prevention of infection, differences of primary and secondary healing, differences of drain tube sizing used for drainage are all critical details of protocols and medical procedures and testing processes. None of the articles addressed the emotional responses that patients have when they feel like they are just treated and left to finish the care on their own without proper preparation and education. Resources are needed for support, supplies, rides for care, financial assistance, emotional support when things are just too much. Stressors in turn were noted to detract from healing.

Additional research was reviewed from the Journal of Thoracic Disease. The specific article was A novel technique for chest drain removal and using a two-layer method with triclosan-coated sutures. (Yujiro,2017) The research discussed current processes available of surgical technique, the various suture closure methods, and products that give an optimal outcome with reduced incidence of dehiscence, inflammation, infection, allowing more quality healing. There were 168 patients assessed having thoracic surgery or thoracic procedure using this double suture method described to place the thoracic tube prior to the surgery into the suture nest-like circular bilevel created for thoracic tubing placement. There was an internal suture line placed in the muscular layer which was left slightly loose. A second line was the surface for anchoring the tubing. The difference of this process occurred at the removal of the drain tube, allowing the surgeon to pull the suture layers placed tight for muscle layer and surface tissue reducing the healing time and dehiscence episodes.

1. Identity (based on selected research type)
 1. **Qualitative:** the data collection method(s) – **or** –
 2. **Quantitative:** the study design, including sample, setting, & data collection methods.

The qualitative article collected data in an interview form with a digital recorder by the same research assigned to each participant for each interview. The process of transcribing the interviews for further analysis. The resulting data were interpreted and summarized using Colaizzi's analysis. There was an analysis of the data listening, reading, selecting certain statements which were reoccurring themes. Finally, the researchers attempted to find a significant meaning to the categories of statements and interpret how this impacted the patient's healing and lifestyle. Differences between the researchers in perceived data analysis between details or alternate perceptions of the team of researchers had to be reassessed and discussed until this 7-step model of data collection and interpretation was complete with all parties in agreement on the meaning of the study or all conflicts resolved.

1. Analyze (based on selected research type)
 1. **Qualitative:** the results of the research study – **or** –
 2. **Quantitative:** the data collection tool used; is the tool validated?

The five-member research team discussed the analysis and concluded that non-healing wounds influenced negative perceptions and contributed to the delayed return to the patient/family regularly defined life experiences contributed to the delayed healing. The two pathways of the patient experience were advised as an emotional distress response and increased disease burden. (Chen, Y., et al. 2020). There were pre-surgical educational gaps, finances, and the state of living arrangements contributing to unidentified barriers that could have been assessed and addressed as knowledge deficits. The best-case scenario would have been resolved education pre-surgery, reassess of the barriers post-surgery while still, inpatient with full disclosure or identifying

potential risks of surgery and specific plans to address the risks, teaching wound care, teaching signs for patients and family members to watch for and report stimulated patients to feel anxious, alone, frustrated, worried, uncertain, disconnected from their support family or work families. There was not a recommendation or assessment that advised the state of behavioral health with each of the patients. If there were barriers referrals for behavioral health could have allowed for coping skills to be taught and possible medication to be prescribed. This was a qualitative study and no point assigned scales or pre and post comparative was performed.

2. Summarize (based on selected research type)

1. **Qualitative:** conclusions and implications for further research – **or** –
2. **Quantitative:** study results, including strengths & limitations.

Conclusion recommendations from this study were better infection control pre- and post-status surgery, education of the patient, collaboration of doctor and nurse. There were many barriers missed as far as the patient situation pre-and post-surgery. In addition to those conclusions by the researchers, a patient barrier in the patient emotional health clearly was identified after surgery when discharged to home. There was not any referral or intervention available via this study to close that gap. Patients performed better when included in their care plan to have resources to feel comfortable and advocate for their healing with less distress. The medical study on suture application and use of appropriate suture techniques, T-Tube placement, and these thoracic patients were addressed by the Journal of Thoracic Disease creating further questions about the medical procedure, treatment in the hospital, medications prescribed after surgery, pain levels, surgical issues such as adequate irrigation, drainage, and strict infection control followed per guidelines. This study advised of 168 patients over a 24-month study who had no relevant complications. Resulting advice from the study noted the two-layer nest-like suture lines for presurgical thoracic tube placement had results with 168 patients allowing sutures to be pulled

tight after the drain was removed. The use of triclosan dermo stitch allowed for healing, reduced infection, and better healing overall. The suture line was not identified in the perception study.

1. Discuss why is this research important to the body of WOC nursing knowledge

The whole patient should be considered when treating wounds. There is a tunnel vision that can occur only focusing on a wound without consideration to the mental state of the patient, level of comprehension of care, access to support system, access to costly medications and supplies, access to groceries for additional wound healing nutritional needs. Also, someone to assist or equipment can allow the patient to move to the maximum degree possible for increased oxygen and circulation to the wound bed for healing, while deep breathing to reduce fluid potentially backing up into the lung after this surgery and potential infection/complication issues. The proper dressing for a particular volume of drainage, positioning and educating alternative wound techniques, collaboration with the total team treating and advocate to benefit the patient. If financial concerns exist, assess for the actual coverage from patient insurance and how to best reduce the costs for care, if IN-network providers, formulary items covered, assess for supply companies that would have any discounting programs or generic wound products instead of name brand.

Emotional or behavioral health can impact medication administration, management of other comorbidities, activity level, hygiene, durable medical equipment needs for safety in the home, nutritional intake, and healing time of a wound when a mental health issue is not managed.

1. Use APA format to list your references for this assignment:

Yokoyama, Y., Nakagomi, T., Sikata, D., Goto, T. (2017). A novel of technique for chest drain removal using a two-layer method with triclosan-coated sutures. [Journal of Thoracic Disease.](#), 9(1): 211–213. [http://doi.org: 10.21037/jtd.2017.01.31](http://doi.org:10.21037/jtd.2017.01.31)

Chen, Y., Wang, X., Ding, W., Wu, L., Zhao, X. (2020). Perceptions and life experiences of patients with wound healing by secondary intention after the removal of thoracic drainage tube; *Journal of Wound, Ostomy, Continence nursing*, 47(2):124-127.

Norlyk, A. & Harder, I. (2010). What makes a phenomenological study? Phenomenological analysis of peer-reviewed empirical nursing studies. *PubMed* (2010);20(3): 420-431.

Hyener, R. H. (1985). "Some guidelines for the phenomenological analysis of interviews data *Human studies*, 8, 279-303

Nurp410: Advanced research methods: Qualitative, quantitative articles (tutorial)
<https://simmons.libguides.com/c.php?g=1035823&p=7508410>

https://owl.purdue.edu/owl/about_the_owl/owl:/spotlight-resources.html

www.verywellhealth.com/declaration-of-helsinki-4846525

https://yulielearning.com/pluginfile.php/4833/mod_resource/content

[R.B. Tumbull, Jr School of WOCN. \(2017, Jan, 20\) Applying research evidence to WOC](#)

<http://www.youtube.com/watch?v=ksNicmSv9kg>