Qualitative Research On Depression In Adults Residing In Assisted Living

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Q 1: What type of qualitative research design was utilized to conduct the study?

Elders in almost every country enter into a long-term healthcare facility when their well-being collapses, and they start to depend on someone else for their own work. Many elders respond negatively to such behaviour as they feel they have been abused by their family members, leading to increased health problems mental and physical. Hence, (Smith & Haedtke, 2013) conducted research in order to evaluate the authenticity of an innovative approach to the treatment of depression in an assisted living facility. The research design selected by the authors was a qualitative descriptive design that used mixed methods. A descriptive type of qualitative research is a type of research design that involves the collection of extensive data for analysis from various sources whilst using a mixed method to identify the amalgamation of quantitative (surveys) and qualitative methods (interviews) in the process of collecting data throughout the research.

Q 2: Are the results valid/trustworthy and credible?

The results of the research are authentic and trustworthy as a large population sample was selected for the research's purpose, and various high-end data evaluating tests were applied to ensure the validity of the results.

How were the participants chosen?

The population sample was recruited from assisted living facilities within the vicinity of the university, and the research was conducted using convenient sampling. Three registered nurses and fifteen staff members appointed at the assisted facility, as well as living and residing participants were gathered for data collection. Elderly people were convinced by the RN leaders to join the study.

How were the accuracy and completeness of data assured?

The accuracy and comprehensiveness of the data were ensured as digital and verbal feedback to queries were inserted on a computer with Windows software instalment and with the help of REDCap

electronic-data-capture tools provided by the campus. Quantitative data was evaluated using median, means, and frequency-distributions values. The responses to open-ended interviews, questions, and general discussions were evaluated using inductive-content-analysis procedures and are also explained.

How plausible/believable are the results?

The findings of the study are authentic as they are backed up by the literature review provided throughout the paper, remarks of the participants, and the nurses and other staff members of the assisted living facilities selected for the study.

Q 3: Are the implications of the research stated?

There are positive implications of the study on a larger scale as the results have shown a positive correspondence of the “Depression Treatment for Assisted Living (DT-AL)” model with the treatment of depression in elderly living in assisted facilities.

May new insights increase sensitivity to others’ needs?

According to the stats, about 64% of older residents are resistant to doing any exercise or taking part in any physical activity. However, this innovative and new model for the treatment of depression in the elderly dependent on their Activities of Daily Living (ADLs) has been proven highly sensitive and positively correlative.

May understandings enhance situational competence?

The understanding of depression occurrence in elderly people living in assisted facilities by healthcare workers such as registered nurses (RNs), nurses, staff caregivers, and residents is imperative; hence, the use of staff development acts to increase the awareness of depression among residents of assisted living facilities is important. This recognition will increase the use of depression-mitigating tools such as DT-AL to improve the living conditions of the assisted facility elderly residents.

Q 4: What is the effect on the reader? Are the results plausible and believable? Is the reader imaginatively drawn to the experience?

This study has a positive impact on the reader, as shown in the following text. The results are believable in the way that the final analysis of the data gathered showed how determined and

optimistic the staff members of the “Assisted Living Facilities” were regarding learning and improving their knowledge about depression recognition and different ways to improve the lifestyle of the residents. Secondly, the nurses of the assisted living facilities were highly motivated to attain different roles in order to decrease the prevalence of depressive episodes among elderly residents. Also, the nurses believed that they could gain additional support from the elderly resident’s primary caregivers in order to enhance depression care. Lastly, the analysis of the results showed that Care Manager roles were believed to be attainable by staff members, nurses, and residents.

The reader of this research is easily drawn to the situational phenomenon as the article provides quoted statements of the residents and the staff members who took part in the research data collection process.

Q 5: What are the results of the study?

The results of the study indicate that the three main constituents of the DT-AL model are highly effective in treating depression in assisted living facilities. Also the concept of determining the presence of depression among the residents was also highly valued.

Does the research approach fit the purpose of the study?

The main tactic of the study is to find whether an innovative approach of using the Depression Treatment in Assisted Living (DT-AL) model is effective in managing depressive episodes in elderly habiting assisted living facilities. For this purpose, the insights of the residents, nurses, and other staff members working in such facilities were important to know. For this purpose, detailed interviews, surveys, points of view, and general discussions were held privately with every participant. This data collection approach appropriately fits the determination of the research.

Q 6: How does the researcher identify the study approach?

As this research is qualitative research and uses the method of interviews and general discussion for the sake of collecting data, henceforth it is easy for the reader to identify that the approach of the study was to recognize the mindset and thinking of the workers as well as of the residing participants in an assisted living facility towards the treatment of depression.

Are the data collection and analysis techniques

appropriate?

The collection of data and analysis techniques were suitable for the purpose of the study. The staff members and the residing participants recorded their contentment on a 10-point scale where a score of 1 is designated as very dissatisfied and 10 as very satisfied. The quantitative contents were assessed on a six-point scale, one of which was designated as a negative value and six as a positive value. Both of the measuring scales were detailed, with definitions and explanations for the escort assessment. The questions of general discussion had the option of including “other” ideas or remarks when asked to mention their three most valuable concerns related to the topic under discussion. Digital and verbal feedback to queries were inserted on a computer with Windows software instalment and using REDCap electronic-data-capture tools organized by the campus. Numerical data were evaluated using median, mean, and frequency distribution scores. The responses to open-ended interviews, questions, and general discussions were evaluated with the help of inductive-content-analysis procedures.

Q 7: Is the significance/importance of the study explicit?

The importance of the research is obvious in that its clinical implications are highly supported by the literature. Moreover, the responses gathered from the participants are in accordance with the positive aspects of the research.

Does the literature support a need for the study?

Since the accuracy and believability of a study are determined by the amount of literature support it has in the background, this study also needs the support of a literature review. DT-AL has been a highly researched over and trusted model for the treatment of depression and improving the lifestyle of the elderly (Lyness et al., 2009).

What is the study’s potential contribution?

The study has contributed immensely to the recognition of depression by the staff members, awareness, and treatment of depression among the residents of assisted living facilities by emphasizing the validity and authenticity of the DT-AL model.

Q 8: Is the sampling clear and guided by study

needs? Does the researcher control the selection of the sample?

The sampling size and technique are clearly mentioned in the research article. The scientist has no control over selecting the samples as the hospital and “Assisted Living Facilities” that were within the vicinity of the university conducting the research could only be approached by respecting the timeframe and finances allotted.

Do sample size and composition reflect the study needs?

The sampling size of 30 participants and composition reflect that the research needs to be accurate as the study is a qualitative type, so this number of participants is enough to collect, organize, and analyze the verbal data.

Is the phenomenon (human experience) clearly identified?

The human experience is clearly recognized in the research, as the remarks of the participants who took part in the research are mentioned and quoted.

Q 9: Are data collection procedures clear? Are sources and means of verifying data explicit?

The sources from where the data is collected are clearly and explicitly mentioned in the research. Although the names of the facilities and the area selected were not mentioned in the study, the number of participants, including three registered nurse heads, fifteen staff members, and twelve participants residing in the facilities, were clearly mentioned.

Are researcher roles and activities explained?

The role of the researcher and activities are mentioned precisely, such as conducting semi-structured interviews, data collection and analysis, topic and tools evaluation, and formulation of results assigned to different researchers who conducted the study.

Q 10: Are data analysis procedures described?

All of the data analysis procedures are explained in the “Data Analysis Procedure” section of the paper.

Does analysis guide directions of sampling when it ends?

The frequency distributions during data analysis guided the researcher when the sampling ended.

Are data management processes described?

Similarly, data management processes such as the digital and verbal feedback to queries were inserted on a computer with Windows software instalment and using REDCap electronic-data-capture tools organized by the campus. The Quantitative data were evaluated using median, mean, and frequency distribution scores. The responses to open-ended interviews, questions, and general discussions were evaluated using inductive-content-analysis procedures and are also explained.

What are the reported results (descriptive or interpretation)?

Different comments demonstrated the restrictive behaviour of older adults for using the innovative treatments for depression mentioned in quotation marks. Similarly, the resultant assessment of the topic by the researchers escorted the development of the three short-staff-development programs that were applied and appraised by the staff members of the “Assisted Living Facilities” (Smith & Haedtke, 2013). Lastly, five RN participants gave mixed responses in appreciating the application of the innovative program as well as the restriction of time factor.

Q 11: How are specific findings presented?

The different findings of the study are presented in a theoretical form, such as the remarks of the participants, tabular representation, and numerical data.

Are the data meanings derived from data described in context?

The data presented in the results corresponds to the data prescribed in the text. The sample recruited, and the remarks noted from the interviews present the same meaning as the resultant data. The DT-AL model has been appreciated and accepted as an effective tool in decreasing depressive episodes and improving the lifestyle of the elderly in assisted living facilities.

Does the writing effectively promote understanding?

The writing of the research paper is legible and easy to understand as the numeric data is presented

in tabular form, whereas the theoretical description is written in a simple manner. It also demonstrates an easy understanding of the different components of the DT-AL model so that the reader can implement the findings in a clinical setup.

Q 12: Will the results help me care for my patients?

The results showed a positive correlation between the hypothesis and the expected variable and are supported by an extensive literature review; hence, the findings of the research are explicitly safe to use in a clinical setup for different patients.

Are the results relevant to persons in similar situations?

The results are applicable and relevant to those presented in a similar situation, as proven by an extensive literature review (Chen et al., 2010; Engel et al., 2011; Park, 2009). This proves that elderly people have depressive episodes and improper living styles when approaching assisted living facilities. However, the DT-AL model has proven to improve the depressive state and living experience of all assisted living facility residents (Lyness et al., 2009).

Are the results relevant to patient values and/or circumstances?

The outcomes of the research are important for the patient's morals and conditions, as proven by the recorded remarks of the participants, such as "This is all going to take place here. We don't have to go out? Well, I think that would be good! and I can see how that would be very beneficial." (Smith & Haedtke, 2013).

How may the results be applied to clinical practice?

The results of the study are very beneficial for clinical application as the nurses, R, N, and other staff members working in the assisted living facilities can train themselves in recognizing the signs and symptoms of depression amongst elderly residents. This early recognition can help them combat the early signs of low moods, upsetting behaviour, and an unsettling lifestyle. This would also eventually improve the lifestyle of elderly people as well as those residing in assisted facilities. This study provides an inventive tactic to use "Depression Treatment in Assisted Living (DT-AL)" not only for the treatment of depression but its three effective evidence-based methods to recognize and care for depression:

1. "Improving Mood Providing Access to Collaborative Treatment (IMPACT)"

2. “A collaborative depression care management model,” and
3. “Psychogeriatric Assessment and Treatment in City Housing (PATCH)” (Rabins, P. V., 2000)

These methods help in identifying and treating depression in the early stages.

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