

Minimal Requirements in Reporting of Qualitative and Quantitative Studies: Critics on Two Papers

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Dear Editor,

We read with interest two papers published in the two recent issues of nursing and midwifery studies. Reading these two papers motivated us to write this letter, on the importance of observing several basic requirements in reporting qualitative and quantitative studies. Here, we present our critics, firstly, on the qualitative paper and then, on the quantitative one.

The Qualitative Study

In the issue of March 2015, Moudi et al. (1) reported on "How Baluch women make decisions about the risks associated with different childbirth settings, in Southeast Iran". Focusing on a cultural issue, as well as paying attention to the health of two vulnerable parts of the society (mothers and newborns), are strengths of this study. It is an important issue, especially due to ethnic diversity of the country and the critical importance of paying attention to the ethnic and cultural issues, when providing care and treatment to our patients. Therefore, the findings of this study can be used by the authorities in planning appropriate strategies for enhancing the mothers and newborns health, and, also, for preventing maternal and infant morbidity and mortality, as important healthcare quality indicators, in the region studied. However, several points can be noticed about this manuscript. The keywords of a paper play an important role in finding the paper by other researchers who are searching the subject (2). In this paper, the cultural and ethnic aspects, as well as the maternity issue of the work, are not present in the keywords selected by the authors.

Although the authors have informed the readers that the complications surrounding childbirth are a major threat to a woman's health and a preventable cause of death, however, they did not present any data on the magnitude of these problems in the area or even in Iran. In total, the

background needs more clarifications about the issue and, also, on why a qualitative study was needed. An important aspect in justifying the paradigm of a study (i.e. qualitative vs. quantitative) and the methodology of a study is the research question. Unfortunately, Moudi et al. (1) did not mention their research question and how this question reached in their mind, although they have written in the study objectives that 'the study explains how Baluch women make decisions regarding the risks associated with childbirth at home or in hospitals'. The study was conducted in Zahedan City, the capital of Sistan and Baluchestan Province, Iran. However, no explanations are offered about the date of the study and why the researchers did not select several participants from other cities in the province. Moreover, it is not mentioned that whether any of the participants were immigrants or not. The researchers made use of interviews to generate the study data. However, the structure of interviews (i.e. structured, semi-structured, or un-structured), duration of the interviews, and the total number of interviews were not mentioned (3). The Corbin and Strauss's method (4) was used to analyze the data in this study. However, it could be better if the authors presented the methods and procedures of analysis step by step and along with real codes emerged in each step. If so, readers could better perceive the process of analysis. The emerged themes and categories are presented well in the results; however, considering the religious diversity in the region, this issue was ignored in the discussions and in implication of the study findings. Moreover, besides the responsibility to present the limitations in the process of the study, researchers must also present applicable suggestions and strategies for policy makers and authorities, for using the study findings to improve the healthcare services. In the present paper, the authors suggested the authorities to 'understand a lay people's perception' and

to the midwives to use the findings of the study 'to address the gap between the current and desired childbirth services'. Such implications/suggestions are very vague, general and incomprehensible that they become inapplicable for service providers (i.e. midwives) or policy makers.

The Quantitative Study

On December 2014, Afazel et al. (5) have reported a clinical trial on comparing the effect of hot pack and lukewarm-water-soaked gauze on postoperative urinary retention. The importance of the issue and conducting a randomized clinical trial are among the strengths of this study, which are supported by an appropriate design. However, according to the Consort Guideline, the following points, in relation to this article, can be discussed:

a) Justification for the publication: authors should provide evidence for the benefits of any intervention. A reasonable explanation, of how the intervention under the investigation may serve, should be given, especially if there is little or no previous experience with the intervention (6). Afazel et al. (5) did not present a reasonable explanation for conducting the comparison between a hot pack and lukewarm-water-soaked gauze, on urinary retention.

b) Presenting clear explanation about the randomization method is one of the pillars in reporting clinical trials (6). In this study, the researchers used a blocked randomization method. However, they did not present the details of how the blocks were created. The only explanation presented is that 21-senary blocks were used. They also did not present any explanation about the mechanism used to implement the random allocation sequence, and, also, about the one who generated the random allocation sequence, the one who enrolled participants, and the one who assigned participants to interventions.

c) According the consort protocol, authors of clinical trials are strongly recommended to present detailed information of participant flow for each group (6). Afazel et al. (5) presented the numbers of participants who were randomly assigned in the two groups. However, they did not present the detail of losses and exclusions after randomization and the reasons. Only in the last paragraph of the paper, they have reported that several patients avoided continuing participation and were replaced with new ones. However, there are no details about the actual numbers, numbers excluded of each group, the reasons and the method that was used to compensate the attritions.

d) An important section in a randomized trial is the participants' inclusion criteria. Such criteria should be selected before the randomization is carried out, to avoid any adverse effect on the external validity of the study (6). Although the inclusion criteria were cited in this paper,

however, no limitations were cited regarding the patients gender, while all participants were males. Now, this question can be asked that why females were excluded from the study. Can the results of this study be generalized to the female patients with postoperative urinary retention?

e) Afazel et al. (5) have calculated the study sample size after a pilot study. However, no information was presented about the participants in the pilot study. Were they included in the final sample or were excluded from the main study? Here, a concern may arise about the data pollution, due to the possible use of the piloted patient in the main study (6).

f) Finally, an important quality factor in a randomized trial is blinding. Blinding can prevent the study from any bias toward the research hypotheses (6). In this study, no information presented about whether "blinding" or "double blinding" was used. This would be important when we note that more patients in the soaked gauzes experienced urinary retention relief, in comparison with the patients in the hot pack. Then, several questions can be asked, including if the patients were blinded to the intervention? If it was not possible, were the observer and the data analyzer blind to the nature of the interventions?

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Authors' Contributions

Ali Karimi Rozveh, Hamidreza Sadeghi Gandomani and Mohsen Adib-Hajbaghery participated in preparing the first draft of the manuscript. Mohsen Adib-Hajbaghery made critical revision of the manuscript for important intellectual content.

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