

Developing a Critiquing Tool for Expert Opinion

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Abstract

This article describes the process of creating a critiquing tool to enable the utilisation of expert opinion in an Evidence Based Dissertation Project. This tool is presented 'in action' in order to provide a worked example of the tool following a rationale for and brief description of its creation. The topic of the dissertation discussed, a harm-minimisation approach in the management of self-harm, relies heavily on grey literature and expert opinion as its evidence base due to a dearth of robust research evidence into the subject. Whilst expert opinion is regarded as poor quality in the hierarchy of evidence there are occasions when it represents the best available evidence in practice and in a context of increasing involvement of the expert patient in healthcare and research, being able to critique expert opinion is becoming more important. In the spirit of good academic practice expert opinion should be subject to the same critical scrutiny as research studies in order to make a judgement about quality and reliability. To this end, a framework for critiquing expert opinion is suggested having been created via analysis of existing frameworks and exploration of the considerations academics are expected to cover when publishing expert opinion. Use of this framework allowed closer inspection of the expert opinion concerned and assisted the novice researcher in making a coherent decision regarding the validity and reliability of the piece and its merits with regards to answering the project question. This framework may be useful for consideration of the merits of expert opinion literature in academic study and research.

Introduction

Evidence Based Practice (EBP) is an important aspect of healthcare practice which aims to ensure that care delivery is supported by the best available evidence (Keele, 2011). EBP is promoted throughout policies and guidelines, (HM Government, 2010; HM Government, 2011) and nurses must ensure that the care and advice they deliver upholds this standard (NMC, 2008). EBP emerged from evidence-based medicine (EBM) (Keele, 2011; Holland & Rees, 2010), which is traditionally more exclusive, holding greater merit for certain research processes such as randomized control trials [RCT] and systematic reviews (Holland & Rees 2010). A strength of EBP is that it is an organic model allowing the use of different forms of

research (Parahoo, 2006) which allows for flexibility in selecting evidence (Keele, 2011). Despite this principle, the research merit from EBM has been inherited by many professionals and, therefore, research could be disregarded due to its hierarchal status despite its level of appropriateness for their topic (Holland & Rees, 2010).

THE PROJECT

The aim of this evidence-based project was to investigate approaches for the management of self-harm within acute mental health inpatient units. Specifically, it aimed to compare the effectiveness of the new harm-minimisation approach with commonly used preventative methods. In order to determine the effectiveness of harm-minimisation approaches, in comparison to preventative methods, literature searches were undertaken to identify key pieces of evidence which were critically analysed using appropriate critiquing frameworks. This method assisted judgement in the overall reliability and validity of the evidence which could then be applied to address the aim.

HIERARCHY OF EVIDENCE

Within research evidence there are two

paradigms, also referred to as world views (Rees, 2010a); the positivist paradigm and the naturalistic paradigm (Keele, 2011). Underpinning the positivist paradigm is the view that there is one measurable reality (Keele, 2011). When working within this paradigm adopting a quantitative method is expected (Keele, 2011) which incorporates statistics, measurement and control (Powers & Knapp, 2011). The naturalistic paradigm accepts that there are many possible outcomes therefore making it difficult to measure (Keele, 2011). Within this paradigm, adopting a qualitative method would be expected (Keele, 2011), which incorporates words and methods such as free text questionnaires (Rees, 2010b).

The development of evidence hierarchies was needed to assist professionals when identifying and evaluating evidence with the highest levels of validity and effectiveness (Evans, 2003). The RCT has long been identified as being the "gold standard" of evidence (Keele, 2011) therefore placing it at the top of the hierarchy. This is because it is a form of research that is considered to produce the most accurate results as the methodology reduces the risk of other factors influencing the findings (Keele, 2011). Whilst RCT's are commonly perceived as providing the most reliable

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and valid form of evidence, in recent years the popularity of systematic reviews has resulted in discrepancy for the 'top spot' (Evans, 2003), with systematic reviews rising above RCTs in the hierarchy of evidence. Due to the nature of this study it was unlikely that RCT's or systematic reviews would constitute the best evidence, therefore when exploring literature it was imperative to be mindful of the appropriateness of other forms of research for the topic and include methods thought to be inferior to systematic reviews and RCT's. Qualitative methodologies, eg. Phenomenology which focuses on individuals experiences, are widely used within research (Rees, 2010b), and may be the best available evidence for topics that sit in the naturalistic paradigm. A literature search for this project confirmed this, as there was no quantitative evidence found that was suitable to answer the question posed.

Whilst expert opinion is regarded as poor quality in the hierarchy of evidence (Newell & Burnard, 2011) there are occasions when it represents the best available evidence. One resource identified as part of this study was a personal account of a widely published service-user expert-by-experience, Louise Pembroke, regarding her experience of harm-minimisation techniques. Furthermore, a conversation with a senior expert in the field of self-harm supported the findings of the literature search and the belief that the amount of empirical evidence on harm-minimisation is poor and therefore professionals are reliant upon grey literature and expert opinions. The most thorough researchers will also consider grey literature (Newell & Burnard, 2011). Grey literature is often produced by those who draw upon a personal experience and also includes sources such as pamphlets, brochures and reports (Coad & Hardicre, 2006). Whilst this form of evidence has limitations, including that it has not been peer reviewed and is not highly placed within the hierarchy of evidence, it has many strengths including offering more detail than other forms of evidence and is able to be produced quickly and can therefore be more up-to-date (Coad & Hardicre, 2006).

Some research surrounding self-harm

is likely to be qualitative due to the prevalence of emotions and experiences associated with self-harm (Mangnall & Yurkovich, 2008). Furthermore, poor levels of quantitative research were anticipated due to the ethical obstacles that researchers would have to overcome when researching self-harm in a controlled method, such as RCT. Indeed, when embarking upon the database searches to find evidence to answer the question the amount of research existing about supervised self-harm was extremely poor with no appropriate quantitative research being identified. However, the amount of grey literature is quite comprehensive and there is little by way of guidance to help the novice researcher decide on the quality of the work.

Developing and utilising critiquing skills is important for nurses to uphold the philosophy of EBP (Rees, 2010b). Critiquing research is not just about negative criticism, which it is often misconstrued to be (Greenhalgh, 2010), it is about making a valued judgement about what has been reported (Parahoo, 2006). Without this step, professionals are at risk of implementing research findings that are of poor value and/or quality (Rees, 2010b). Critiquing is designed to determine the overall validity and reliability of research, however these terms are often associated with quantitative research (Moule & Goodman, 2009). As qualitative research is being critiqued, it will determine the transferability and credibility, terms more associated with the naturalistic paradigm (Moule & Goodman, 2009)

To effectively critique research requires specialist knowledge, which is often beyond the abilities of most non-research nurses (Rees, 2010b). As care must be delivered upon the best evidence (NMC, 2008), critiquing must be feasible for all professionals. Critiquing frameworks provide guidelines, however they can be time consuming as many individual points have to be addressed (Rees, 2010b). Due to the vast differences between the two paradigms, separate critiquing frameworks have been developed to allow for this (Rees, 2010b). However, frameworks that address both paradigms also exist and it is important to use a framework which is appropriate.

There are many critiquing frameworks, including the Critical Appraisal Skills Programme (Public Health Resource Unit, 2006) alongside many guidelines published within books to aid critiquing (Greenhalgh, 2010; Parahoo, 2006; Rees, 2010b). A review of 121 published critiquing tools concluded that there is not a 'gold standard', therefore leaving the appraiser to select the most appropriate tool (Katrak et al, 2004).

RATIONALE AND CREATION OF THE TOOL

Incorporating expert opinion within this project was assessed as being beneficial in answering the proposed question. Professional communication indicated the merit of expert opinions within harm-minimisation discussions, influencing practice and, alongside this, there is a growing emphasis on service-user involvement within service provision (DoH, 2010). The term 'expert-by-experience' acknowledges the importance of service-users and practitioners working in partnership (McLaughlin, 2009), emphasising patient experience being as valuable as professional knowledge (DoH, 2001). In a context of increasing involvement of the expert patient in healthcare and research, being able to critique expert opinion is becoming more important. Furthermore, the essence of EBP, in comparison to its parent EBM, is allowing for the inclusion of evidence which is the 'best available' for the topic not just what is rated as the highest standard in concordance with the evidence hierarchy (Keele, 2011). Ireland (2007) supports the inclusion of expert opinion within EBP as it has been found to be a source of information which practitioners commonly use to inform practice, therefore determining the quality of it through critiquing is strongly justified.

Assessing the quality of this form of evidence can be challenging as clear frameworks are difficult to come by, possibly due to the lower placement within the evidence hierarchy or relatively recent recognition of the potential merit of this type of evidence (McLaughlin, 2009). In the spirit of good academic practice expert opinion should be subject to the same critical scrutiny as research studies in order to make a judgement about quality and reliability. Therefore,

as this opinion is determined as being part of the best available evidence in this instance, constructing a critiquing framework to assess the quality took place. The components of this framework have been selected through analysis of an existing framework, namely Crombie (1996) and research into what academics should include when publishing a piece of expert opinion (Mayer, 2009). The Delphi Technique, a process utilising a panel of experts for their opinions in research and in complex decision making (Green et al, 1999) was also instrumental in assisting the decision to include the first question. Research utilising this approach must first ascertain if the person being considered is an informed individual (McKenna, 1994) who can be considered representative of the group being discussed and are they someone with knowledge about the subject they are giving their opinion on? (Green et al, 1999). Considerations regarding credibility of publication source, the limitations of the opinion and the findings (Q's 2, 6 & 8) were considered important and were generated from exploration of Crombie's (1996) brief guide to critical appraisal, as important questions to ask in critique of any type of literature or research. The issue of legitimate evidence base (Q3) is already discussed at length above and as such was considered important to include in the question particularly in order to differentiate between personal experience and existing research evidence or current academic thought, although it is recognised that both types of evidence base can be considered useful here. The rationale for the opinion (Q4), balanced considerations of the subject (Q5) and how the opinion is couched (Q7) were drawn from Mayer's (2009) guidelines on how to prepare expert opinion reports.

THE TOOL

1. Is the author an expert?
2. Is the opinion published within a credible source?
3. Is their opinion evidence-based?
4. Are the authors personal statements clearly presented as such?
5. Is the opinion in response to a practical concern?
6. What are their findings?
7. Does the author provide arguments for and against the position?
8. Does the author identify limitations

of their statement?

What follows is an example of utilising this tool as a practical demonstration of its application in critiquing Louise Pembroke's work.

IS THE AUTHOR AN EXPERT?

Determining whether the author is informed (McKenna, 1994) or possess knowledge about a specific subject (Green et al, 1999), is a key stage in assessing the credibility of their opinion. Louise Pembroke (Pembroke, 2007) is an individual who has a history of self-harm and is now dedicated to the improvement of self-harm management, publishing and contributing to the publication of many letters, books and journals regarding self-harm (NSHMG, 2009). Considering the high profile of Pembroke's opinion, her work within self-harm and her influence within current practice, combined with the understanding of 'expert-by-experience' (McLaughlin, 2009), it can be determined that she is an individual with a credible opinion, worthy of critiquing for possible influence for future practice.

IS THE OPINION PUBLISHED WITHIN A CREDIBLE SOURCE?

As Pembroke's opinion was published as a chapter in a book, analysing the editors and the overall source was done to establish its credibility and trustworthiness (Polit & Beck, 2008). The book was edited by two professionals, a clinical psychologist and a social worker, who both have specialist interests in self-harm. This is transferable to traditional research, whereby the researchers should have specialist knowledge of the subject to produce credible and reliable research (Burns & Grove, 2011). Pembroke's opinion has been published within a credible book, edited by professionals who possess qualifications and specialist interests which enhances the credibility of Pembroke's opinion (Burns & Grove, 2011).

IS THEIR OPINION EVIDENCE-BASED?

Questioning the level of evidence-based discussion was done due to the importance of evidence for informing nursing practice (Ireland, 2007). Evidence can include personal experience and

is found to greatly influence practice (Ireland, 2007), which is applicable to Pembroke. This piece is largely constructed of Pembroke's personal journey and experience of self-harm and service provision and is therefore supported by evidence. References are provided to resources but upon further analysis four of the seven references are produced or contributed to by Pembroke. This poses the question of bias within the work, meaning, Pembroke has primarily selected her own work to support what is presented. As with the evidence search for this project, little research was found regarding harm-minimisation, therefore Pembroke referencing her own work could be argued as using the best available evidence (Holland & Rees, 2010). Whilst the supporting resources are questionable due to the potential bias, overall the evidence for this opinion is from experience and therefore must be found to be evidence-based although the transferability of this evidence could be limited.

ARE THE AUTHORS PERSONAL STATEMENTS CLEARLY PRESENTED AS SUCH?

Mayer (2009) purports that when producing a piece of expert opinion, personal statements and experiences must be clearly identified as such. Pembroke has a clear declaration statement that identifies this work as a personal opinion regarding her experience of harm-minimisation. The benefit of this, as with much qualitative research, is that Pembroke has shared a personal experience to promote understanding of an often misunderstood phenomenon, not to be generalised to the wider population (Burns & Grove, 2011). Therefore this work cannot be misconstrued as attempting to generalise her experiences to all of those who have self-harmed, thus maintaining its credibility in presenting a true experience (Moule & Goodman, 2009).

DOES THE AUTHOR PROVIDE ARGUMENTS FOR AND AGAINST THE POSITION?

Mayer (2009) promotes presenting a balanced argument; however Pembroke's opinion is largely promoting the use of harm-minimisation techniques but

it is recognised, at times, within her work that some professionals disagree with harm-minimisation. Importantly, Pembroke makes a clear statement that harm-minimisation techniques that she promotes must not be transferred to those who self-harm via internal damage (Pembroke, 2007), including overdoses, due to the inability for assessment.

DOES THE AUTHOR IDENTIFY LIMITATIONS OF THEIR STATEMENT?

Presenting limitations allows researchers an opportunity to divulge deficits of their research, whilst assuring the readers that this was taken account of (Polit & Beck, 2008). This is not done within Pembroke's work, therefore assessing the appropriateness of overcoming obstacles to provide the best possible outcome cannot be done.

IS THE OPINION IN RESPONSE TO A PRACTICAL CONCERN?

Mayer (2009) states that producing a piece of expert opinion should be in response to a wider practical concern, comparable to traditional research where the purpose is informed by an identified issue from practice (Holland & Rees, 2010). Considering the enormity of self-harm as an issue in practice and the ambiguity about how to effectively manage it, this work clearly responds to this concern. Furthermore, professionals approached Pembroke for her opinion to be included in their book, therefore it can be determined that Pembroke's opinion is in response to a practical concern. This increases the credibility of Pembroke's opinion to inform practice.

WHAT ARE THEIR FINDINGS?

Crombie (1996) supports the opinion that findings are not always clearly displayed and that it is often up to the reader to interpret the findings. This applies to Pembroke as her personal findings are discussed throughout her work and the work is not constructed like traditional research as it lacks purposeful steps, such as the methodology, due to it being a well written personal account. Therefore, poor presentation of findings cannot be deemed to be a deficit of this work. Pembroke has concluded with clear closing statements, what she has observed in practice regarding harm-minimisation and personal

expectations for future practice, similar to recommendations for traditional research (Parahoo, 2006).

Conclusion

As a result of carrying out this critique it was decided that, despite being grey literature, this work was of a quality worthy of being included in answering the question posted by the EBP. This echoes the NICE guidelines for self-harm (2004) which govern practice following the first 24 hours after admission for patients who self-harm. Much of this document was based on good practice points rather than robust research evidence, as closer examination of the document reveals this was mainly professional opinion. Along with the greater emphasis and importance placed on service user views and expert opinions, this must surely lead the way to more appropriate service provision and recommendations for research that will have increasing real-world value. Using this expert opinion critiquing tool could assist the novice researcher in navigating their way through the maelstrom of grey literature and ensure that only that which is of best quality is used.

Key Points

Whilst expert opinion is regarded as poor quality in the hierarchy of evidence there are occasions when it represents the best available evidence in practice.

In a context of increasing involvement of the expert patient in healthcare and research, being able to critique expert opinion is becoming more important.

In the spirit of good academic practice expert opinion should be subject to the same critical scrutiny as research studies in order to make a judgement about quality and reliability.

This expert opinion critiquing tool could assist the novice researcher in navigating their way through the maelstrom of grey literature and ensure that only that which is of best quality is used.

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