**Article Review on Usefulness and Quality of the Instrument**

In the review of the article “ageing hospital nurse’s well-being at work: psychometric testing of the dignity and respect in ageing nurse’s work scale. Firstly, we shall consider the usefulness and quality of the instrument and secondly, provide one strength as well as one suggestion on what could be used in the next research concerning similar researcher. The article considers a sample size of 328 and 285 nurses in the first and second phase. The author employed relatively large enough sample, which is represented if one could imagine the population of nurses in any, given region or country. The study considered recommendable number of items (72) and three dimensions which include; nurse-nurse interaction, nurse-patient interaction and nurse centeredness. It is vital noting that that this segmentation or items are bound to provide fine details for the intended purpose.

 The study developed a scale to establish or measure the wellbeing of ageing hospital nurses. The scale was developed based on grounded theory methodology. The use of inductive process ensured reflection of experiences, which evolve from the practices. It is evident that the study employed interviews diaries and open data collection forms and constant comparison analysis was carried out. This use of aged population of between 45 and 55 ensured that relevant and sound information was collected (Cuesta-Vargas et al., 2013). The items were collected from qualitative data obtained from ageing nurses in hospitalized constructed based on the open codes from the data. All items (72) were grouped into more active form to describe nurse’s feelings according to the content of selected item. Notably, the “I get information from my fellow workers” response made it possible to acquire important issues in the well-being of nurses.

Participant were nurses (n=600) obtained from Finnish Nurses Associating registry. This population sample was adequate, and consisted of nurses aged 45 to 59 who were working in hospitals. The researcher returned 344 scales, 6 rejected because of missing answers and thus, only 328 responses were rated (55%). The study involved 98% women nurses who worked differently, possessing different work experience in the health sector. Similar data was also collected in 2008 with almost same variables though only 285 responses were rated (48%). The study comprised 100% women nurses. The study employed Cronbach’s coefficient to test for validity and consistence, and it is very powerful statistical tool for analysis. One notable strength of this study is the fact that Author employed representative samples, which necessitated rejection of participants who did not provide answers or never worked in health sector in Finland. Further, the use of Cronbach’s Alpha to test for validity and consistency played a key role.

The following suggestion is recommendable; the sample population consider only women nurses (98% and 100% in the respective phases). This ignored the other gender and so generalization cannot reflect the results on the total population of nurses (Utriainen & Kyngäs, 2011).

In the second article,” psychometric properties of the QuickPIPER: A Shortened Version of the PIPER Fatigue Scale” uses QuickPIPER scale to assess CRF.The article employed 115 participants and patients were required to complete R-PFS and POMS Fatigue and vigor subscales. From the 115 patients, only 111filled their questionnaires and this was representative and reflected the instruments intentions. The study employed factor analysis method, from which the correlation matrix for the QuickPIPER (Kaisser-Meyer-Okline Value 0.89). This value in statistics implies a suitable for factor analysis. In the article, the authors employed goodness of fit indexes that ensured satisfactory confirmatory factor analysis (Woby, Roach, Urmston & Watson, 2005).

The validity was assessed using vigor and forms fatigue subscales which have been used in previous studies for patients with breast cancer. The Cronbach Alpha was also used to test reliability and consistency. It ensured that, R-PFS and QuickPIPER values were obtained within the desirable range. The Pearson’s correlation coefficient r=0.947 was a good indication of validity thus; QuickPIPER was very reliable in measuring fatigue for same population at different times.

A notable strength in the study was that, all the psychometric properties. That is, internal consistence, concurrent validity, responsiveness to change, and test-retest reliable values were achieved. Studies related to cancer fatigue should involve all patients with other cancer and in different stages of illnesses to ensure that, a valid and a fair generalization from the conclusion can be made (Päätalo & Kyngäs, 2016).

**References**

Cuesta-Vargas, A., Férnandez-Lao, C., Cantarero-Villanueva, I., Castro-Sánchez, A., Fernández-de-las Peñas, C., Polley, M., & Arroyo-Morales, M. (2013). Psychometric properties of the QuickPIPER: a shortened version of the PIPER Fatigue scale. *European Journal Of Cancer Care*, *22*(2), 245-252. http://dx.doi.org/10.1111/ecc.12022

Päätalo, K., & Kyngäs, H. (2016). Measuring hospital nurses’ well-being at work – psychometric testing of the scale. *Contemporary Nurse*, *52*(6), 722-735. http://dx.doi.org/10.1080/10376178.2016.1246072

Utriainen, K., & Kyngäs, H. (2011). Ageing hospital nurses’ well-being at work: psychometric testing of the Dignity and Respect in Ageing Nurses’ Work Scale. *Scandinavian Journal Of Caring Sciences*, *25*(3), 617-624. http://dx.doi.org/10.1111/j.1471-6712.2011.00873.x

Woby, S., Roach, N., Urmston, M., & Watson, P. (2005). Psychometric properties of the TSK-11: A shortened version of the Tampa Scale for Kinesiophobia. *Pain*, *117*(1), 137-144. http://dx.doi.org/10.1016/j.pain.2005.05.029