How large was the treatment effect?

There are two considerations for the treatment effect. The first is the sufficiency of sample size. It is generally determined by power calculation. It is generally accepted when at least 80% power in detecting a mean and standard deviation difference and assuming 15%-25% attrition rate ([redacted] 1988).

There were, in general, no large discrepancies between the sample size required by power calculation and the actual sample size. Among the six trials, only [redacted] (2010) and [redacted] (2015) were shown to have slightly insufficient sample size for the power calculation (see [redacted] 2010; [redacted], 2014; [redacted]).

Besides, the measurable outcomes relevant to depression was all in self-reported questionnaire format such as SCL-20, SCL-D13, and PHQ-9. The p-value for the outcome composite were all within $p<.05$, indicating a statistically significant result for all measurable outcomes for depression. Therefore, the study has a promising treatment effect. As for the effect size, the treatment effects mostly have medium effect size ranging from -.28 to -.34.

How precise was the estimate the treatment effect?

The requirement for statistically significant treatment effect must be within a p-value of less than .05 (Cohen, 1988). All significance levels were below 5%. Therefore, the treatment effects were precise.

Can the results be applied to the local population, or in your context? (Overall, yes but shortage of nurse manpower in Hong Kong to be hindrance)

The interventions of all six trials can be applied to the Hong Kong local population. First, all trials were conducted in either USA or UK. They had similar economic development level as Hong Kong in terms of GDP per capita (United Kingdom: US$42,300, USA: US$65,280.7, HK: US$48,755.8) (World Bank, 2020), indicating the economic level and public funding level are similar among the three regions. Besides, the trials showed that registered nurses can be trained by a 2-day training course on depression management and behavioural strategies to conduct the counselling for medication adherence, motivational and encourage coaching (for

Chapter 4 Analysis

This chapter shall identify the themes of the study. The generation of themes are guided by the process of narrative synthesis as mentioned in Section 2.5 of Chapter 2. Basically, it includes the development of preliminary synthesis, tabulation of key elements of the articles identified as in Appendix 2 and Table 4-1 below, and exploration of the relationship within and between studies (2006).

In general, all six identified studies demonstrate positive treatment effects of nurse-delivered collaborative care in alleviating depression among patients with chronic diseases when compared with the control group. The differences lie on the size of treatment effects

4.1. The generation of themes The themes are generated through analysing the table summarising the key elements of the identified articles (see Appendix 2) and the table which shows a summary of (1) intervention, (2) result, and (3) size of treatment effect (see Table 4-1). Table 4-1 is thus shown as follow:

Table 4-1 A summary of intervention, results and size of treatment effect

Citation/Patients' conditions	Intervention	Results	Size of treatment effect
USA, Patients' conditions: Depression + Diabetes and coronary heart disease	Length: 12 months, every 2 to 3 weeks Therapy by: Nurse Supervision and monitoring: Psychiatrist and physicians Intervention: Medication and/or Problem-solving therapy	Depression (SCL-20): Intervention group: (-.91), Usual-care group: (-.51), Estimated between-group difference: (<.001).	Moderate
(2014), UK, Patients' condition: Depression + cancer	Length: 4 months with 10 sessions + 8 months follow-up Therapy by: Cancer nurse Supervisor and monitoring: Psychiatrist, oncologist, and physician Intervention:	Depression (SCL-20): Percentage with treatment response at 24 weeks: Intervention: (60%) Control: (17%) Adjusted treatment effect estimate (95% CI): Average depression severity: Intervention: (S.D:.67),	Large

Chapter 5 Discussion

This chapter is to discuss (1) the implication of this study for nursing practice in Hong Kong, (2) recommendations for nursing practice in Hong Kong, and (3) research limitations and recommendations for future studies. As mentioned in Chapter 4, all six identified studies show positive treatment effects of nurse-delivered collaborative care with different size. Therefore, promising therapeutic approaches, namely, PST and BA shall be recommended to Hong Kong practice with considerations of practical issues and cultural issues in Hong Kong.

5.1. Implications to nursing practice in Hong Kong

Theme 1 shows that those therapies delivered by nurses may be better than those delivered by other personnel. In that case, the role of nurses in the collaborative care should not be confined to supervision and monitoring role. Instead, nurses should be trained to deliver psychological therapies such as PST and BA to patients with chronic diseases such as diabetes, cardiovascular, and cancer, etcetera.

As mentioned by Luborsky et al. (1985), Lambert & Barley (2001), and [redacted], (2012), success of therapies is depended on the relationship between therapists and patients, therapist knowledge, experience and personality, patients' characteristics. Despite the professional qualifications of professional therapists, therapies delivered by nurses may have the advantages of greater knowledge of the suffering of patients and less distancing therapeutic relationship between therapists and patients. This may explain the reason for greater effectiveness of therapies delivered by nurses in studies.

However, in practice, there are two specific issues in Hong Kong. First, Hong Kong is facing manpower shortage of healthcare staff including nursing staff amidst