ISHIK UNIVERSITY

FACULTY OF HEALTH SCIENCES
Department of NURSING,

Course book & Lecture Notes

Introduction to Nursing

For the first year students

2018 – 2019

Prepared by

Assist. Prof. Dr. Hoshyar Amin Ahmed

ISHIK UNIVERSITY **FACULTY OF HEALTH SCIENCES** **Department of NURSING,** **2018-2019 Fall** **Course Information for NSNG INTRODUCTION TO NURSING**							

Course Name:	INTRODUCTION TO NURSING

Code	Course type	Regular Semester	Theoretical	Practical	Credits	ECTS
DENT 197	2	1	2	-	2	2

Name of Lecturer(s)-Academic Title:	Dr Hoshyar Amin Ahmed - PhD
Teaching Assistant:	
Course Language:	English
Course Type:	Basic
Office Hours	2
Contact Email:	hoshyarus@yahoo.com Tel:07504478527
Teacher's academic profile:	Assistant Professor, PhD in Community Health Nursing, MSc in Community Health Nursing.
Course Objectives:	At the end of the course the students will be able to discuss the historical development of nursing, explain the professional growth within nursing, identify the critical attribution of professionalism in nursing, discuss the difference between occupation and profession, describe the nursing development, describe health and illness continuum, and recognize the nursing research methodology.
Course Description (Course overview):	This course provides a broad overview of Introduction to Nursing Profession and how it applies to everyday life. Major professional concepts are presented, including history, professional development, socialization, nursing organizations, and nursing theories. Students also explore the health illness and health care system and the nursing research methodology.

COURSE CONTENT

Week	Hour	Date	Topic
1	2	25-29/11/2018	Definition of nursing
2	2	02-06/12/2018	History and development of nursing
3	2	09-13/12/2018	Profession and professionalism
4	2	16-20/12/2018	Nursing education
5	2	23-27/12/2018	Socialization in nursing
6	2	30/12/2018-3/1/2019	Levels of proficiency
7	2	6-10/1/2019	Models of professional socialization
8	2	13-17/1/2019	Organization socialization
9	2	20-24/1/2019	International and national nursing associations
10	2	27-31/1/2019	Philosophy of nursing theory
11	2	3-7/2/2019	Overview of nursing theory
12	2	10-14/2/2019	Health illness and health care system

13	2	17-21/2/2019	Factors affecting health and illness
14	2	24-28/2/2019	Nursing research Methodology
15	2	3-7/3/2019	Nursing research methodology
16	2	10-14/3/2019	Final Examination

COURSE/STUDENT LEARNING OUTCOMES

1 Professional nursing

2 Nursing Research Methods

3 Nursing in health and wellness

Student's obligation (Special Requirements):	You will be asked to fill out course evaluations before each of the two tests and before the final exam. We are always open to feedback.
Course Book/Textbook:	
Other Course Materials/References:	Handout texts, reports, presentations, and notes in the classroom
Teaching Methods (Forms of Teaching):	Lectures, Exercises, Presentation, Assignments, Case Studies

COURSE EVALUATION CRITERIA

Method	Quantity	Percentage (%)
Participation	1	10
Quiz	1	10
Homework	1	10
Midterm Exam(s)	1	30
Final Exam	1	40
Total		**100**

Examinations: Essay Questions, Multiple Choices, Short Answers

Extra Notes:

ECTS (ALLOCATED BASED ON STUDENT) WORKLOAD

Activities	Quantity	Duration (Hour)	Total Work Load
Course Duration (Including the exam week: 16x Total course hours)	2	32	64
Hours for off-the-classroom study (Pre-study, practice)	16	16	256
Assignments Mid-terms	1	2	2
Final examination	1	2	2
Other			0
Total Workload			**324**
ECTS Credit (Total workload/25)			**12.96**

Peer review

Signature:

Name:

Lecturer

Signature:

Name:

Head of Department

Signature:

Name:

De

PREFACE

Before one can fully grasp the nature of nursing or define its practice, it is helpful to understand the roots and influencing factors shaped its growth over time. Nursing today is far different from nursing as it was practiced 60 years ago, and it takes a vivid imagination to envision how the nursing profession will change as we move forward in to the 21st century. To comprehend present-day nursing and at the same time prepare for future, one must understand not only past events but also contemporary nursing practices.

1.1 DEFINITION OF NURSING

Different people have defined nursing differently. However, in this unit we will see some of the common definitions of nursing:

❖ Nursing is provision of optimal conditions to enhance the person's reparative processes and prevent the reparative process from being interrupted.

❖ The practice of nursing is defined as diagnosing and treating human response to actual or potential health problems through such services as case finding, health teaching, health counseling; and provision of support to or restoration of life and well-being and executing medical regimes prescribed by licensed or otherwise legally authorized physician or dentist.

❖ Nursing is directed toward meeting both the health and illness need and man who is viewed holistically as having physical, emotional, psychological intellectual, social and spiritual.

❖ Nursing is a humanistic science dedicated to compassionate concern with maintaining and promoting health, preventing illness and caring for and rehabilitating the sick and disabled.

❖ Nursing is a deliberate action, a function of the practical intelligence of nurses and action to bring about humanely desirable conditions in persons and their environments.

❖ As a practice discipline nursing's scientific body of knowledge is used to provide an essential service to people, that is to promote ability to affect health positively.

1.2. HISTORY AND DEVELOPMENT OF NURSING

It is difficult to trace the exact origin of the nursing profession. However, moral action is the historical basis for the creation, evolution and practice of nursing.

1.2.1 NURSING IN ANCIENT CIVILIZATION

The early record of ancient civilization offers little information about those who care for the sick. During this time beliefs, about the cause of disease were embedded in superstition and magic and thus treatment often involved magical cures.

➢ Ancient Egyptians developed community planning and strict hygienic rules to control communicable diseases. The first recorded Nurses were seen

➢ In the Babylonian civilization, there were references to tasks and practices traditionally provided by nurses. Nurses are mentioned occasionally in old Testament as women who provide care for infant, for the sick and dying and as midwives who assisted during pregnancy and delivery

➢ In ancient Rome, care of the sick and injuries was advanced in Mythology and reality. Although medicine as a science was developed there was little evidence of establishing a foundation for nursing.

➢ The ancient Greeks gods were believed to have special healing power. In 460 BC Hippocrates born and credited with being the Father of medicine. He

proved that illness had natural cause and not to be of a religious or magical cause. Hippocrates first proposed such concepts as physical assessment, medical Ethics, patient – centered care and observation and reporting. He emphasized the importance of patient care that contributed a lot for the groundwork of nursing.

➢ In ancient India, male nurses staffed early Hospitals and women served as midwives and nursed ill family members.

1.2.2. NURSING IN THE MIDDLE AGES

During this time, monasticism and other religious groups offered the only opportunities for men and women to pursue careers in nursing. It was the Christian value of "love thy neighbor as the self" that had a significant impact on the development of western nursing. The principle of caring was established with Christ's parable of Good Samaritan providing care for a tired and injured stranger.

In the third and fourth centuries several wealthy matrons of Roman empire, including Marcella, Fabiola and Paula, converted to Christianity and used their wealth to provide house of care and healing (the fore runner of hospital) for the poor, the sick and homeless.

Women were not the sole providers of nursing service in the third century in Rome. There was an organization of men called the parabalani Brotherhood. This group of men provided care to the sick and dying from the great plague in Alexandria.

1.2.3 DARK AGE OF NURSING

In this period Monasteries were closed and the work of women in religious order was nearly ended. The few women who cared for the sick during this time were

prisoners or homeless who had little or no training in nursing. Because of this, nursing was considered as the most minimal of all tasks, and had little acceptance and prestige.

1.2.4. THE DEVELOPMENT OF MODERN NURSING

Three images influenced the development of modern nursing. Ursuline Sisters of Quebec organized the first training for nurses. Theodore Flender revived the deaconess movement and opened a School in Kaiserwerth, Germany, which was training nurses. Elizabeth Fry established the institute of Nursing Sisters. But in the latter half of eighteenth century Florence Nightingale the founder of modern nursing changed the form and direction of nursing and succeeded in establishing it as a respected profession. She was born to wealthy and intellectual family in 1820. In spite of opposition from her family and restrictive societal code for affluent young English woman to be a nurse Nightingale believed she was "called" by God to help others and to improve the wellbeing of mankind. In 1847 she received three month's training at Kaiserwerth. In 1853 she studied in Paris with sister of charity, after which she returned to England to assume the position of super intendment of a charity hospital.

Nightingale worked to free nursing from the bonds of the church. She saw nursing as a separate profession from the church, yet she began her career as the result of the mystic experience.

During the Crimean war, Florence nightingale was asked to recruit a contingent of female nurses. The Jamaica nurse Mary Grant was the first nurse recruited to provide care to the sick and injured in the Crimean war. The achievements of Florence nightingale in the war were so outstanding that she was recognized by the queen of England who awarded her the Order of Merit.

When she returned to England she established the nightingale school of nursing, which was opened in 1860. The school served as a model for other training schools. Its graduates traveled to other counties to manage hospitals and nursing training programs.

1.2.5. HISTORY OF NURSING IRAQ

In ancient Iraq illness was considered to be punishment from sins or magic. Most tribes and people had a medicine man or women called "Hakims" or "Tabeebs" who performed rituals, using various plants and herbs to heal the sick. The religious people were also providing care for the sick or injured in the religious centers. Nursing training courses of six months duration were performed before 1950s. Intermediate nursing schools had been established since 1950s. Secondary nursing schools established in 1970s. The first college of nursing had been established in Baghdad University in 1962. Later on, colleges of nursing in other cities had been established. In Kurdistan Region, the first college had been established in Erbil firstly then in Suleimaniyah and Duhok respectively. In 2018, two private colleges had been enrolled students in.

1.3.1. PROFESSION AND PROFESSIONALISM

Nursing is a profession. A profession is a calling that requires special knowledge and skilled preparation.

1.3.2. CRITERIA OF A PROFESSION

- Professional status is achieved when an occupation involves practice,
- A profession carries great individual responsibility and based up on theoretical Knowledge.

- The privilege to practice is granted only after the individual was completed a standardized program of highly specialized education and has demonstrated an ability to meet the standards for practice.
- The body of specialized knowledge is continually developed and Evaluated through research.
- The members are self-organized and collectively assume the responsibility of establishing standards for education and practice.

1.3.4. COMPARISON BETWEEN PROFESSION AND OCCUPATION

BASIS FOR COMPARISON	OCCUPATION	PROFESSION
Meaning	Occupation refers to the regular activity performed by a person to earn his bread and butter.	A profession is an occupation or vocation which requires a high degree of knowledge and expertise in the specific field.
Code of conduct	No	Yes
Training	Not necessary	Compulsory
Regulated by statute	No	Yes
Basis of pay	Produce	Skill and Knowledge
Higher education	No	Yes
Degree of independence	There is no independence.	A professional is completely independent.
Responsibilities	No	Yes
Respect and Status	Low	Very high

PROFESSIONAL DEVELOPMENT

Professional development in Nursing can be viewed in relation to specialized education, Knowledge base, Ethics, and autonomy.

1.3.4. ROLE OF THE PROFESSIONAL NURSE

1. Care provider: caring /comforting involve knowledge and sensitivity to what matter and what is important to the client.

2. Communicator / Helper: Effective communication is an essential element of all helping profession, including nursing. It helps the client to explain the internal feeling.

3. Teacher/educator: teacher refers to activities by which the teacher helps the student to learn. The client also need education based on the case.

4. Counselor: counseling is a process of helping a client to recognized and cope with stressful psychological or social problem, to develop improved interpersonal relationships and promote personal growth.

5. Client advocate: An advocate pleads the cause of others or argues or pleads for a cause or proposal

6. Change agent: a change agent is a person or group who initiates changes or who assists others in making modification in them or in the system.

7. Leader: leader ship is defined as mutual process of inter personal influence through which the nurse helps a client make decision in establishing and achieving goals to improve the client wellbeing.

8. Manager: management defines manager as who plans, gives direction, developing staff, monitoring operations, giving rewards fairly and representing both staff member and administration as needed.

9. Researcher: majority of researchers in nursing are prepared at doctoral and post-doctoral level. Although an increasing number of clinicians and nurses with master's degree are beginning to practice it.

1.3.5. NURSING EDUCATION

NURSING EDUCATION IN IRAQ

1. Practical Nursing Education: Hospital based practical nursing has been in existence for many years due to shortage of nurses after the World War II. In the past the practical nurse was the family, friends or community members who was called to the home during emergencies. These were lay people who gained the experience through self-taught. It started by requirement of 6th grade and lasted 3 months of training for male and females. Male students were awarded the title of Dresser derived from "wound dressing", while females were awarded the title of Assistant Nurses. Then the duration of the training course changed to 6 months.

2. Assistant (Auxiliary nurses): This program required 6th grade and lasted for 3 years as intermediate nursing schools for only females. They were belonged to the hospitals. The duration of the program was three years after primary school.

3. Nursing and Midwifery Secondary Nursing Schools: This program graduates skilled nurses. It is existed in few of governorates. It was under the umbrella of the General Foundation of Health Education and Training-Baghdad. Lately, it belonged to the Health Directorates in each governorate. The duration of study is 3 years after intermediate school (9th grade).

4. Technical Diploma: Duration of study is two years after secondary (High) school (12th grade). This program is run by the Technical Institutes of the Polytechnic or Technical Universities. The graduates had been employed under the title "Institute Nurses". Nowadays, this program is run by the Health Directorate in Baghdad as well.

5. University Nurses: They study 4 academic years after secondary school (12th grade) at the Faculties (Colleges) of Nursing. The graduates of this program are awarded the title of University Nurses. The first College of Nursing had been established in Baghdad University in 1962. It started by enrolment of female students, while the first group of male student nurses was graduated from this college in 1981. Later on the program continued in the other governorates.

Internationally, the following programs had been provided:

6. Registered nursing: In the United States, most basic education for registered nurses is provided in three types of programs, Diploma, Associate degree, and baccalaureate programs in Canada, the 2-years, 3-years or more diploma and baccalaureate programs prepare registered nurses after passing a specific examination.

4. Diploma: today's diploma nursing program has changed markedly from the original nightingale model, becoming hospital-based education programs that provide a rich clinical experience for nursing students. These programs may last two or more years and are often associated with colleges or universities.

5. Associate degree: In 1980 as a solution to the acute shortage of nurses that came about because of World War II. Associated degree programs are offered in the United States in junior colleges as well as in college and universities. An associate's degree in nursing is a two-year degree that is obtained from a

community college or vocational school. An associate's degree is the minimum requirement to become a registered nurse; however, be advised that many employers are requiring a bachelor's degree for many RN nursing roles.

6. Baccalaureate degree: Although baccalaureate nursing education programs were established in universities in both United States and Canada in the early 1900s. In 1960s the number of the students enrolled in these programs increased markedly. A bachelor of science in nursing (BSN) is required for many, but not all, nursing careers. A BSN, like most bachelor's degrees, is typically a four-year degree from a university or college. Like most other nursing degrees, a bachelor of science in nursing combines classroom learning with hands-on training called clinicals which allow students to obtain first-hand experience working with patients in a clinical setting. A BSN should be obtained from an accredited nursing program.

7. Masters programs: Requires a bachelor's degree in nursing or related field in order to obtain MSN unless the student opt for one of the combined bachelor's/master's programs. A master's degree in nursing is required to become an advanced practice nurse (APN or APRN). Advanced practice nurses have more clinical authority and autonomy, and typically earn more than "regular" registered nurses. Some master's nursing programs may have a special focus or "track" for certain medical specialties or types of nursing, such as a focus on forensic nursing or a clinical nurse specialist track. A specialized master's degree is also required to become a mid-level provider, such as a nurse practitioner (NP) or certified registered nurse anesthetist (CRNA). Master's degrees are typically one to two years of additional coursework that you can obtain while employed as a nurse. Sometimes the employer will help pay for the master's degree in nursing if the

student commit to working for a number of years into the future. An MSN must also be completed from an accredited nursing program.

8. Doctorate Degrees in Nursing: The highest degree one can earn in nursing is a doctorate level degree. You must first have a bachelor's and then a master's degree before completing the doctorate degree in nursing and becoming what some refers to as Doctor Nurse. There are two types of doctorates in nursing: a Doctor of Nursing Practice (DNP) which focuses on the clinical aspects of nursing and a Doctor of Nursing Science (DNSc, also a DSN or DNS). The latter is the more common choice for those who wish to be professors at nursing programs or researchers.

9. Continuing education: To formalize experiences designed to enlarge the knowledge or skills of practitioners.

10. In service education: Program is administered by an employer; it is designed to update the knowledge or skills of employees.

1.3.6. SOCIALIZATION IN NURSING

The Nurse student internalize, or take in, the knowledge, skills, attitudes beliefs, norms culture, values and ethical standards of nursing and make them a part of their own self-image and behavior. The process of internalization and development of an occupation identity is known as professional socialization. Socialization is a process by which a person learns the way of a group or society in order to become a functioning participant. Socialization is a reciprocal learning process that occurs through interaction with other people. Professional socialization in nursing is believed to occur largely, but not entirely, during the periods students are in basic nursing programs. It continues after graduation when they enter nursing practice.

Learning any new role is derived from a mixture of formal and informal socialization E.g. Little boys learn how to assume the father role by what their own fathers purposely teach them **(formal socialization)** and how they observe their own and other fathers behaving **(informal socialization).**

In Nursing, **formal socialization** includes lessons the faculty intends to teach such as how to plan nursing care, how to perform a physical examination on healthy child, or how to communicate with psychiatric patient.

Informal socialization includes lessons that occur incidentally such as over hearing a nurse teach a young mother how to care for her premature infant, participating in the students nurse association or sitting in on nursing ethics committee meeting part of professional socialization in simply absorbing the culture of nursing that is the rites, rituals, and valued behavior of the profession.

This requires that students spend enough time with nurses in working setting for adequate exposure to the nursing culture to occur. Most nurses agree that informal socialization is often more powerful and memorable than formal socialization.

Learning any new role creates some degree of anxiety. Disappointment and frustration sometimes occurs when student's learning expectations come in to conflict with educational realities. Students' ideas of what they need to learn, when they need to learn may differ from what actually occurs. They sometimes become disillusioned when they observe nurses behaving in ways that differ from their ideas about how nurses should behave. Knowing in Advance that these things may happen can help students accurately assess the sources of their anxiety and manage it more effectively.

Socialization is much more than the transmission of knowledge and skills. It serves to develop a common nursing consciousness and is the key to keeping the

profession vital and dynamic. It is not surprising there for that a good deal of attention has been paid to this important process.

CHARACTERISTICS OF THE SOCIALIZED NURSE:

- Value her/his own beliefs and practice while respecting the belief and practice of others.
- Respect the culture and religious beliefs of individuals.
- Become aware of the client's culture as described by the client and know client's cultural values, beliefs, and behavior.
- Know what is right or wrong

The socialization process therefore involves changes in perception, knowledge, skill, attitudes, and values. There are **five levels of proficiency** the nurse passes as the nurse progress and acquires the **knowledge, skill, attitudes, and values of nursing.**

LEVELS OF PROFICIENCY:

Stage 1 Novice: A novice may be a nursing student/ any nurse entering a clinical setting where that person has no experience and governed by structured rules and protocols.

Stage 2 Advanced beginner: can demonstrate marginally accepted performance. The beginner has experience with enough real situations to be aware of meaningful aspect of situation.

Stage 3 Competent: the nurse who has been on the job in similar situation for 2 or 3 years manifests Competence. Competence develops when the nurse consciously and deliberately plans nursing care and coordinates multiple complex care demands. Nursing competence provide a broad specification of nursing to

cover the physical, psychological and spiritual care fields and serves as a bias for considering the objectives of training. The major components of competency include observation, interpretation, planning, action and evaluation.

Stage 4 proficient: The proficient nurse perceives a situation as a whole rather than just its individual aspects. The nurse focuses on long-term goals and is oriented toward managing the nursing care of a client rather than performing specific task.

Stage 5 Expert: The expert nurse not only relies on rules, guidelines, or maxims but also uses her/his understanding of situation to an appropriate action.

MODELS OF PROFESSIONAL SOCIALIZATION

1. COHEN'S STAGES OF PROFESSIONAL SOCIALIZATION

Stage I Unilateral dependence: Reliant on external authority, limited questioning or critical analysis. Students are unlikely to question or analyze critically the concepts teachers present because they lack the necessary background to do so.

Stage II Negatively/independence: Cognitive rebellion, diminished reliance on external authority. Student's critical thinking abilities and knowledge bases expand.

Stage III Dependence/mutuality: Reasoned appraisal, beings integration of facts and opinions following objective testing. Students evaluate the ideas of others. They develop an increasingly realistic appraisal process and learn to test concepts facts, ideas and models objectively.

Stage IV Interdependence collaborative decision making: commitment to professional role; self-concept now includes professional role identity. Student's

needs for both independence and mutually (sharing jointly with others) come together

2. HINSHAW'S STAGES OF PROFESSIONAL SOCIALIZATION:

Hinshaw's stages of professional socialization is a potentially useful model describing the educational aspect of professional socialization

Stage	Key behavior
i. Initial innocence	Initial image of nursing unaffected by reality
ii. Incongruities	Initial expectations and reality collide, Questions carrier choice; may drop out
iii. Identification	Observes behavior of experienced nurses
iv. Role simulation	Practices observed behavior; way feed unnatural in role
v. Vacillation	Old image and conflict with new professional image
vi. Internalization	Acceptance and comfort with new role

ORGANIZATION SOCIALIZATION

Organization socialization is the process by which an individual comes to appreciate the values, abilities, expected behaviors and social knowledge essential for assuming an organizational role and for participating as an organization member.

The organization seeks through socialization to achieve high levels of individual performance with positive impact on group and organization output.

Each organization is an ongoing social system that has evolved a unique set of values, ideas, frictions, conflicts, friendships coalitions.

It is the goal of orientation to enable the new person to enter this new system intelligently and to cope successfully.

Socialization includes an introduction to group norms, the values and modes of behavior that are respected.

Group norms are established as nurse's attempt at resaving a potentially explosive conflict of interest" **the two conflicting interests** are

1. A desire for companionship and peer recognition
2. A human desire for autonomy and individuality group norm can be positive (supportive), negative (obstructing) or neutral (ineffectual)

The student nurses need orientation of the organization. The function of the organization is to integrate individual and organizational needs which maintain the integrity and self-confidence of the individual as well as the effectiveness and unity of the organization.

As each individual is unique so each organization is unique. The blending of these match less entities without sacrificing either, and augmenting both of them, make up the special goal of orientation.

1.3.7. INTERNATIONAL AND NATIONAL NURSING ASSOCIATIONS

Associations are organizations of persons with common interests. As the number of nurses increased the activities and problem in connection with work also increased.

A professional association is an association of practitioners who judge one another as professionally competent and who banded together to perform social function's which they cannot perform in their separate capacities as individual.

NURSING ASSOCIATION

The nursing association must perform the following five functions for the preservation and development of its profession

1. Defining and regulating the profession through setting and enforcing standard of education and of education and practice for generalist and specialist.

2. Developing the knowledge base for practice in its broadest and narrowest components.

3. Transmitting values norms, knowledge, and skill to nursing students, new graduates and members of the profession for application in practice.

4. Communicating and advocating the value and contribution of field to several publics and constituencies.

5. Attending to social and general welfare of their member. Professional associations give their member social and moral support to perform their roles as professionals and cope with professional problems.

INTERNATIONAL COUNCIL OF NURSES (ICN)

The international council of Nurses (ICN) was established in 1899. Nurses from Great Britain, the United States, and Canada were among the founding members. The Council is a federation of national Nurses' association, such as the American Nursing Association (ANA) and Canadian Association for Nurses (CAN).

THE OBJECTIVES OF ICN

1. To improve the standers and states of Nursing

2. To promote the development of strong National Nurses' Association

3. To serve as the authoritative voice for Nurses and the nursing profession worldwide.

PHILOSOPHY OF NURSING THEORY

LEARNING OBJECTIVES

- Define belief, value and philosophy.
- Discuss the impact of beliefs and values on nurses' professional practice.
- Explain the importance of a philosophy of nursing.
- Explain the importance of theory to the nursing profession
- Recognize some of the commonly used theories in nursing

Principled behavior flows from personal values that guide and inform our responses, behaviors and decisions in all areas of our life. Ethical decision making requires self-awareness and knowledge of ethical theories and principles. Such awareness of self includes knowing what we value or consider important. Personal values and moral development influence perceptions and decisions. This unit examines the relationship of beliefs, values, and philosophies to the practice of nursing. Therefore, readers are encouraged to examine their own values, perspectives and tendencies and of other people and the situation they are in on various decision making process.

2.1. BELIEFS, VALUES AND PHILOSOPHY OF NURSING

2.1.1. BELIEFS

A belief represents the intellectual acceptance of something as true or correct. Beliefs can also be described as convictions or creeds. Beliefs are opinions that may be, in reality, true or false. They are based on attitudes that have been

acquired and verified by experience. Beliefs are generally transmitted from generation to generation.

In nursing, it is important to know and understand one's beliefs because the practice of nursing frequently challenges nurses' beliefs. Although this may create temporary discomfort, it is ultimately good because it forces nurses to consider their beliefs carefully. They have to answer the question: "Is this something I really believe, or have I accepted it because some influential person (such as a parent or teacher) said it?" Abortion, living wills, the right to die, the right to refuse treatment, alternative lifestyles, and similar issues confront all members of contemporary society. Professional nurses must develop and refine their beliefs about these and many other issues.

Beliefs are exhibited through attitudes and behaviors. Simply observing how nurses relate to patients, their families, and nursing peers reveals something about those nurses' beliefs. Every day nurses meet people whose beliefs are different from, or even diametrically opposed to, their own. Effective nurses recognize the need to adopt nonjudgmental attitudes toward patients' beliefs. A nurse with a nonjudgmental attitude makes every effort to convey neither approval nor disapproval of patients' beliefs and respects each person's right to his or her beliefs.

CATEGORIES OF BELIEFS

People often use the terms beliefs and values interchangeably. Even experts disagree about whether they differ or are the same. Although they are related, beliefs and values are different.

CATEGORIES OF BELIEFS:

1. Descriptive or existential beliefs: are those that are shown to be true or false. An example of a descriptive belief is: "The sun will come up each morning."

2. Evaluative beliefs: are those in which there is a judgment about good or bad. The belief "Dancing is immoral" is an example of an evaluative belief.

3. Prescriptive (encouraged) and proscriptive (prohibited) beliefs: are those in which certain actions are judged to be desirable or undesirable. The belief "Every citizen of voting age should vote in every election" is a prescriptive belief, whereas the belief "People should not engage in sexual intercourse outside of marriage" is a proscriptive belief. Prescriptive and proscriptive beliefs are closely related to values.

2.1.2. VALUES

Values are the social principles, ideals, or standards held by an individual, class, or group that give meaning and direction to life.

A value is an abstract representation of what is right, worthwhile, or desirable. Values reflect what people consider desirable and consist of the subjective assignment of worth to behavior.

Although many people are unaware of it, values help them make both small, day-to-day choices and important life decisions. Just as beliefs influence nursing practice, values also influence how nurses practice their profession, often without their conscious awareness. Everything we do, every decision we make and course of action we take is based on our consciously and unconsciously chosen beliefs, attitudes and values. Nursing is a behavioral manifestation of the nurse's value system.

Values influence behavior and that people with unclear values lack direction, persistence, and decision-making skill. Because much of nursing involves having a clear sense of direction, the ability to persevere, and the ability to make sound decisions quickly and frequently, effective nurses must have a strong set of professional nursing values.

TYPES OF VALUES

1. Personal Values: Most people drive some values from the society in which they live. Eg: self-worth, sense of humor, , honesty, fairness and love

2. Professional values: are reflections of personal values. They are acquired during socialization into nursing. Some of the important **values of nursing** are:

- Strong commitment to service
- Belief in the dignity and worth of each person
- Commitment to education
- Autonomy

VALUES CLARIFICATION

Nurses as well as people in other helping professions need to understand their values. This is the first step in self-awareness, which is important in maintaining a nonjudgmental approach to patients.

Importance of value clarification for nurses in professional practice

Value clarification in nursing:

- Provides a basis for understanding how and why we react and respond in decision-making situations.

- Enables us to acknowledge similarities and differences in values when interacting with others which ultimately promotes more effective communication and care
- Enables nurses to be more effective in facilitating the nursing process with others

Impact of institutional values on nurses

Nurses need to be conscious of both the spoken and unspoken values in their work settings. Nurses should identify congruencies between personal values and those of the institution, because accepting employment implies committing to the value system of the organization.

CASE PRESENTATION

Azad has been the nurse manager of a unit for the past five years and is highly regarded by the hospital's administration. For the past several months, however, he has been feeling less satisfied with his work because of staffing cuts and other institutional decisions. Providing quality nursing care has always been the most rewarding part of his job. However, recently he feels he is forced to attend more to the needs of the organization. He considers leaving, but he has good benefits in the organization and two children to support.

1. Identify values evident in this situation. Which of these reflect your personal values?

2. What conflicts might arise from these values?

3. If you were in Azad's position, what beliefs, ideals, or goals would guide you in making a decision to stay or leave? Identify potential consequences of each choice.

Values Govern Nursing's Social Policy statement

Groups, such as nursing, have collective identities that are evidenced by their actions. These actions stem from a set of values and choices and by examining the actions of groups from which their basic values can be logically inferred.

Organized nurses, sets forth the values that govern the profession. This is done in a document published from time to time that is designed to explain nursing's relationship with society and nursing's obligation to those who receive nursing care.

2.1.3. PHILOSOPHY

Philosophy is defined as the study of the truths and principles of being, knowledge, or conduct. A more literal translation, based on the Greek root words, means the "love of wisdom". It is a set of beliefs and attitudes that direct the behavior of individuals to the achievement of a goal.

Everyone has a personal philosophy of life, which is unique from all others. People develop personal philosophies as they mature. These philosophies serve as blueprints or guides and incorporate each individual's value and belief systems.

PHILOSOPHIES OF NURSING

Philosophies of nursing are statements of beliefs about nursing and expressions of values in nursing that are used as bases for thinking and acting. Most philosophies of nursing are built on a foundation of beliefs about people, environment, health, and nursing

Every nurse has a philosophy of a set of beliefs upon which to base nursing action. Nurses' personal philosophies interact directly with their philosophies of nursing

and influence professional behaviors. An important point about philosophies of nursing is that they are dynamic and change over time. Developing a philosophy of nursing is not merely an academic exercise required by accrediting bodies. Having a written philosophy can help guide nurses in the daily discussions they must make in nursing practice.

SAMPLE PHILOSOPHY NURSING

Introduction

This statement of philosophy and purpose is developed from the thinking of different nursing theorists.

Purpose

The purpose of Black lion nursing services and programs is to ensure that each patient receives professional nursing care that is patient centered and goal – directed, and to support healthcare education and research in nursing and other disciplines. Black Lion nurses and their associates in the division of nursing carry out their activities with one focus in mind– assisting the patient to achieve optimal health outcomes.

Nursing as a Profession Service

Professional nursing is complex service that assists people (sick or well) in the performance of those activities contributing to health, or its recovery (or to a peaceful death) that they would perform unaided if they had the necessary strength, will be or knowledge. It is likewise the unique contribution of nursing to help people to be independent of such assistance as soon as possible. The activities that nurses help patients carry out (or those that nurses carry out for patient) include the therapeutic plans prescribed by physicians, by other health care providers, and by

nurses themselves. In carrying out these activities, nurses practice an art through which technical; observation skills as well as scientific knowledge and clinical judgment are systematically applied to the health needs of others in a caring manner. Caring means being connected and having things matter. Thus by caring, the nurse creates possibilities for coping in the face of risk and vulnerability.

2.2. OVERVIEW OF NURSING THEORY

Nursing theory attempts to describe or explain the phenomenon of nursing. Nursing theory differentiates nursing from other disciplines and activities. **Theories** are general concepts used to explain, predict, control, and understand commonly occurring events. Theories provide a method of classifying and organizing data in a logical, meaningful manner. A theory is a set of systematically interrelated concepts or hypothesis that seeks to explain and predict phenomena.

Reasons for the interest in theory:

1. Theory development contributes to knowledge building and is seen as a means of establishing nursing as a profession

2. The growth and enrichment of theory in and of itself is an important goal of nursing, as a scholarly discipline, to pursue

3. Theory helps practicing nurses categorize and understand what is going on in nursing practice; it helps them to predict client's response to nursing services and is helpful in clinical decision making.

Relationship of theory to practice and research

Professional nursing practice is grounded in a theoretical foundation. Theoretical concepts are developed as nursing practice evolves and is examined with respect to

existing knowledge. When these concepts are scientifically validated in a multitude of practice situations, they provide guidelines for practice by way of conceptual models. Conceptual models attempt to explain the nursing paradigm, or overall scheme, which relates the nursing client to the context of environment of care, to the health or illness situation, and to the practice of nursing. Following are some of the commonly used theories in nursing.

2.3. TYPES OF NURSING THEORIES

General systems theory

A system is a set of interacting elements, all serving the common purpose of contributing to the overall goal of the system. The whole system is always greater than the sum of its parts.

Systems are hierarchical in nature and are composed of interrelated subsystems that work together in such a way that a change in one element could affect other subsystems as well as the whole. Boundaries separate systems both from each other and from their environment

A system communicates with and reacts to its environment through process that enters the system (input) or is transferred to the environment (output). An open system allows energy, matter and information to move freely between systems and boundaries. Open systems maintain balance through feedback.

Understanding systems theory helps nurses assess interaction among the input, throughput and output process. The system theory helps nurses to view the individual client, the family as well as the community holistically.

Neumann's Health care systems

Neuman Health care systems theory is derived from the systems theory. It is an open systems model of two key components: stress and reaction to it. Both noxious and beneficial stressors operate on the system, which attempts to maintain balance or homeostasis.

Nursing is an interdependent part of the health care system and its surrounding social system. Nursing's reciprocal relationship with system subparts contributes to optimal functioning and the evolutionary survival of the whole system. The nurse assesses the two of entropy and negentrophy to guide her/his interventions, which aim to counteract entropy with a form of evolutionary adaptation, restoring and maintaining equilibrium between forces or stressors. The nurse assesses the factors, which influence a person's perceptual field; the meaning a stressor has top client and the factors in his/her own perceptual field, which influences assessment and giving care.

Roy adaptation Theory

According to this theory nursing is the practice of facilitating the adaptation of an individual's four subsystems (physiologic, self-concept, role function, interdependence). The nurse attempts to modify or maintain stimuli affecting adaptation within the nursing process. Nursing assessment focuses on two units of analysis: the person's system and environmental interaction, while intervention is concerned with manipulation of parts of the system or environment.

Orem's self-care nursing Theory

The model revolves around the concept of self-care. Orem describes nursing as a creative effort of one human being to help another human being. Nursing is a

helping system which can be wholly compensatory; that is, the client is unable to achieve self-care, therefore has health deviation self-care requisites; partly compensatory where both nurse and client work to achieve self -care; or supportive, educative, where the client is able to perform, or can and should perform self-care but does not do so without assistance.

Rogers Model of the science of Unitary Man

Martha Rogers developed a model based on systems theory. She developed her model around four components, which she called

1. Universe of open systems
2. Energy fields
3. Pattern and organization
4. Four dimensionality.

Using this model one can focus on client environment interaction and see the client as functioning interdependently with others and the environment. The nurse's goal is to promote holistic health and environment interaction in order to maximize client health potential.

Johnson Behavioral Systems Model

Johnson believes that nursing care is directed toward caring for the whole patient to facilitate effective and efficient behaviors necessary to prevent illness. Johnson views nursing as being separate from medicine. She sees nursing's role as being complementary to the medical role. This model emphasizes that both the internal and external environments of the system need to be orderly and predictable to maintain homeostasis. If the subsystems are out of balance, tension and

disequilibrium result. Nursing, as part of the external environment can help the patient return to a state of balance.

REVIEW QUESTIONS

1. Describe the differences and similarities of belief, value and philosophy.

2. Discuss how values influence nursing practice? List two of your values supportive of nursing practice and explain the mechanisms by which you acquired these values

3. Discuss why value clarification is important both personally and professionally

4. Discuss how a philosophy of nursing influences nursing practice

5. What is the importance of theory development in nursing?

6. Discuss some of the commonly used theories in nursing.

7. You are appointed to a position of a Matron in a new hospital, and are asked to formulate a philosophy how do you do it?

HEALTH ILLNESS AND HEALTH CARE SYSTEM

LEARNING OBJECTIVES

1. Define health and illness
2. Explain the importance of health models to the profession of nursing
3. Discuss the commonly used health models in nursing

3.1. HEALTH AND ILLNESS

The World Health Organization defines health as "a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. This definition considers the total persons state of health and wellness as essential component.

Health and illness is a relative concept, which is perceived differently by different individuals. Wellness is not only the absence of disease; therefore, any definition of health should consider the different dimensions influencing health.

The concept of health and wellness must allow for an individual variability. Health is a dynamic state in which the person is constantly adapting to changes in the internal and external environment.

Various models on the concept of health and wellness exist. Some are based on the presence and absence of disease and others on holism, health beliefs and wellness.

3.2. MODELS OF HEALTH AND ILLNESS

Health models have been developed to help describe the concepts and relationships involved in health and illness.
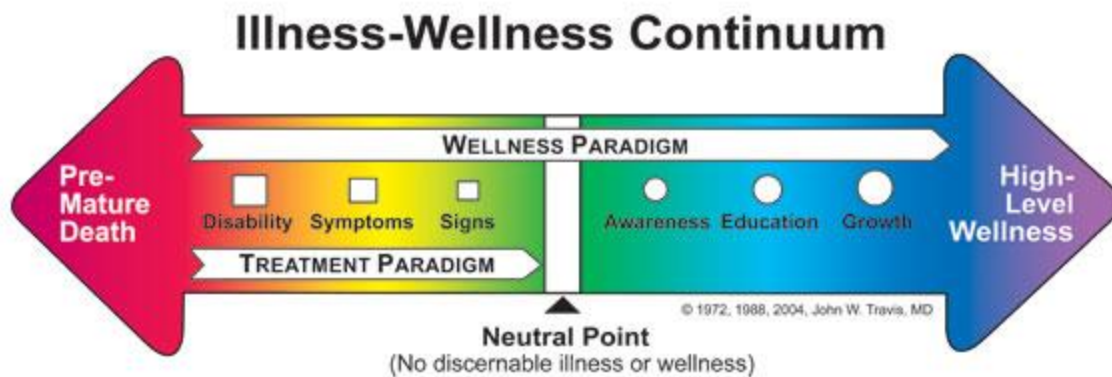
a. Host–agent-environment model

According to this model health is an ever-changing state and health and illness depends on interaction of host, agent and environmental factors. These factors are constantly in interaction and a combination of factors increases the possibility of illness. When the agent, host and environment variables are in equilibrium health is maintained. On the other hand when the balance is disrupted disease occurs.
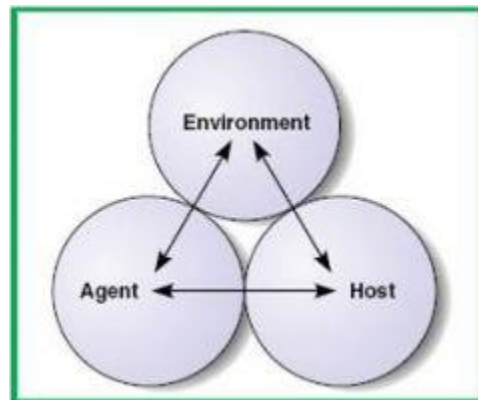
Host–agent-environment model

b. The Health illness continuum model

According to this model, health is a constantly changing state, with high level wellness and death being in the opposite ends of a graduated scale, or continuum. The nurse must be aware that a client may place himself/herself at different points on the continuum at any given time depending on how well he/she believes himself to be functioning for his illness

Illness-Wellness Continuum

WELLNESS PARADIGM

Pre-Mature Death — Disability Symptoms Signs — TREATMENT PARADIGM — Neutral Point (No discernable illness or wellness) — Awareness Education Growth — High-Level Wellness

© 1972, 1988, 2004, John W. Travis, MD

The health illness continuum model

c. High-level wellness model

This model describes high-level wellness as functioning to one's maximum potential while maintaining balance and purposeful direction in the environment. The concept of high level of wellness can be applied to the individual, family, community, environment, and society.

In High-level wellness model human beings are viewed as having **five aspects**:

1. Each individual is functioning as a total personality
2. Each person possess dynamic energy
3. Each person is at peace with inner and outer worlds
4. Each person has a relationship between energy use and self-integration
5. Each person has an inner world and an outer world

These five processes help the person know who and what he/she is. This model is holistic, allowing the nurse to care for the total person with regard for all dimensional factors affecting the person's state of being as he/she strives to reach maximum potential.
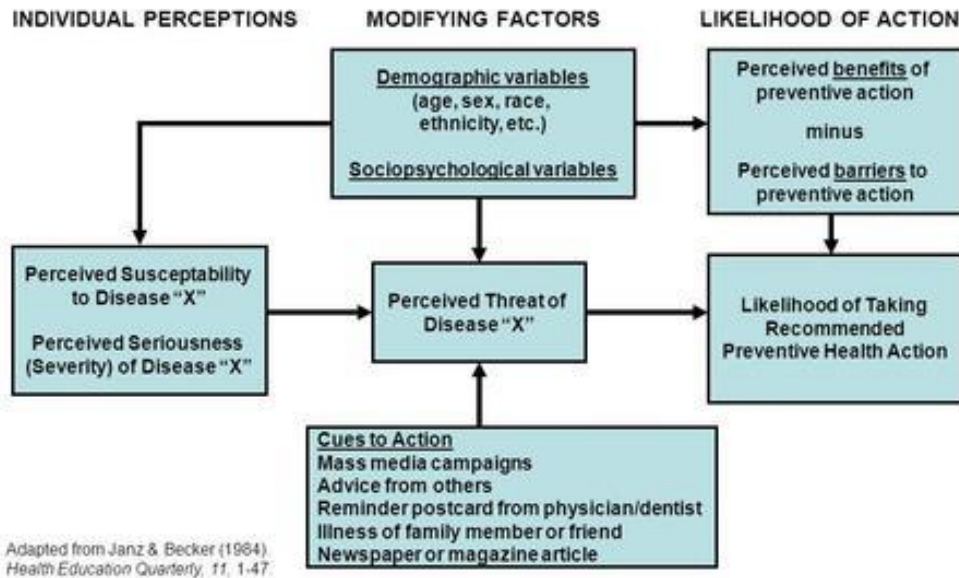
d. Health Belief Model

The health belief model is based on what people perceive, or believe, to be true about them in relation to health. This model is based on three components: perceived susceptibility to a disease, perceived seriousness of a disease and perceived value of action. This model states that whether or not a person practices a particular health behavior can be understood by knowing two factors: the degree to which the person perceives a personal health threat and the perception that a particular health practice will be effective in reducing that threat.

The perception of a personal health threat is itself influenced by at least three factors: general health values, which include interest, and concern about health; specific beliefs about vulnerability to a particular health problem; and beliefs about the consequence of the health problem.

Whether or not the perception of a threat leads to changing health behavior also depends on whether a person thinks a particular health practice will be effective against the health problem in question and whether or not the cost of undertaking that measure exceeds the benefits of the measure. The health belief model enable nurses to understand why people practice health behavior and also to predict some of the circumstances under which people's health behavior will change.

Health Belief Model
(Becker, 1974, 1988; Janz & Becker, 1984)

INDIVIDUAL PERCEPTIONS   MODIFYING FACTORS   LIKELIHOOD OF ACTION

Demographic variables
(age, sex, race, ethnicity, etc.)

Sociopsychological variables

Perceived benefits of preventive action

minus

Perceived barriers to preventive action

Perceived Susceptability to Disease "X"

Perceived Seriousness (Severity) of Disease "X"

Perceived Threat of Disease "X"

Likelihood of Taking Recommended Preventive Health Action

Adapted from Janz & Becker (1984)
Health Education Quarterly, 11, 1-47.

Cues to Action
Mass media campaigns
Advice from others
Reminder postcard from physician/dentist
Illness of family member or friend
Newspaper or magazine article

3.3. FACTORS AFFECTING HEALTH AND ILLNESS

1. Physical dimension-genetic makeup, age, developmental level, race and sex

2. Emotional dimension-how the mind and body interact to affect to body function and to respond to body conditions also influence s health. Eg. long term stress affects the body systems, anxiety affects health habits and conversely calm acceptance and relaxation can actually change body responses to illness.

3. Intellectual dimension-encompasses cognitive abilities, educational background and past experiences.

4. Environmental dimensions-the environment has many influences on health and illness. Housing sanitation, climate, pollution of air, food and water are aspects of the environmental dimension.

5. Sociocultural dimensions- health practices are strongly influenced by a person's economic level, life style, family and culture.
6. Spiritual dimensions-spiritual and religious beliefs and values are important components of how a person behaves in health and illness.
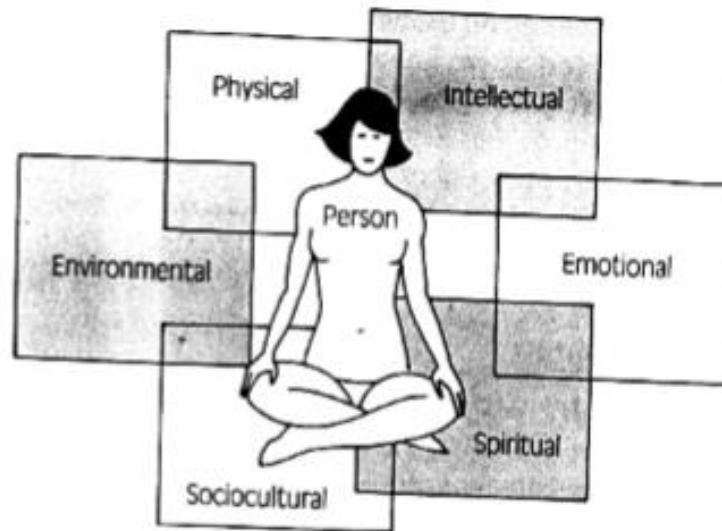
Dimensions of health and illness

3.4. NURSING IN WELLNESS AND HOLISTIC HEALTH CARE

Nurses carry out wellness promotion activities on primary, secondary and tertiary levels

PREVENTING ACTIVITIES

Primary prevention: is a care directed toward health promotion and specific protection against illness. E.g. Immunization, family planning and health education.

Secondary Prevention: focuses on health maintenance for clients experiencing health problems on prevention of complication or disabilities. E.g. Nursing care for hospitalized clients, early detection and treatment of health problems.

Tertiary prevention: is aimed at helping rehabilitate clients and restore them to a maximum level of functioning following an illness. E.g. teaching a diabetic client how to recognize and prevent complications.

REVIEW QUESTIONS

1. Why do you think the definition of health and illness is relative?
2. Discuss the contribution of health models in explaining health and illness relationships and interactions
3. What are the factors influencing health –illness status.
4. In Iraq, how do you think sociocultural and spiritual development affect health?

4.1. NURSING RESEARCH METHODOLOGY

a. DEFINITION OF RESERCH

Research is defined as a systematic and scientific process to answer to questions about facts and relationship between facts. It is an activity involved in seeking answer to unanswered questions. Research seeks to generate an answer to the problem as well as suggesting additional questions in flood of further inquiry.

b. NEED FOR RESEARCH AND PURPOSES

- Develop, refine, and extend the, scientific base of knowledge, which is required for quality nursing care, education, and administration.
- Enhance the body of professional knowledge in nursing.
- Provide foundation for evidence-based nursing practices.
- Help in expansion of knowledge, which is essential for continued growth of nursing profession.
- Enhance their professional identity as research is an essential component of any profession.
- Define the parameters of nursing, which will help nurses to identify boundaries of nursing profession.
- Refine and eliminate old knowledge so that it helps in elimination of nursing actions that have no effect on the achievement of desired client outcomes.

- Enhance accuracy of different nursing educational and administrative techniques.
- Develop and refine nursing theories and principles.

4.3. RESEARCH PROCESS

Conceptual phase

- Formulating and delimiting the problem
- Reviewing the related literature
- Under taking clinical field work
- Defining the framework and development of conceptual definitions
- Formulating hypothesis

Designing and planning phase

- Selecting a research design.
- Developing protocol for intervention
- Identifying the population to be studied
- Designing the sample plan.
- Specifying the method to measure the research variable.
- Developing methods for safeguarding human / animal rights.
- Finalizing and reviewing the research plan. (pilot study.)

Empirical phase

- Collecting the data
- Preparing the data for analysis.

Analytic phase

- Analyzing the data
- Interpreting the result

Dissemination phase

- Communicating the findings
- Utilizing the finding in practice.

4.4. TYPES OF NURSING RESEARCH

According to earnest desire

1. Basic research
2. Applied research
3. Exploratory research
4. Descriptive research
5. Diagnostic research

6. Evaluative research
7. Action research.

1. **BASIC RESEARCH**
   - It is also known as Pure, theoretical or fundamental research, which is always aimed to enriching the theory, by unraveling the untold mysteries of nature.
   - Basic research is the formal and systematic process of deductive-inductive analysis leading to the development of theories.
   - It is a theoretical or pure research that generates, rests and expands theories that describe, explain, or predict the phenomenon of interest to the discipline without regard to its later use.

PROCESS OF BASIC RESEARCH:
   ➤ OBSERVATION
   ➤ INDUCTI ON
   ➤ DEDUCTI ON

PURPOSES OF BASIC RESEARCH
   - Basic research offers solution to many practical problems, e.g. Maslow's theory of motivation.
   - Basic research helps to find the critical factors in a practical problems/ e.g. commonsense approach to any problem.
   - Basic research develops many alternative solutions and thus enables us to choose the best solutions.

Example
Behavioral and cognitive behavioral group –based on parenting programmes for early – onset conduct problems in children aged 3 -12 year

2. **APPLIED RESEARCH**
   - Applied research or empirical research always aims at enriching the application of the theory
   - It refers to "answers questions related to the applicability of basic theories in practical situation; tests the practical limits of descriptive theories that does not examine the efficacy of actions taken by practitioners."
   - Applied research has been referred to as "practical application of the theoretical."

Example:

The results of the applied research study "the effect of a social support boosting interventions on stress, coping and social support in care givers of children with HIV/AIDS" provide an example of research that has the potential for application in specific practice settings. The results of the study indicated the seronegative caregivers participating in a social support boosting intervention showed substantially increased coping abilities.

BASIC RESEARCH	APPLIED RESEARCH
• Aims to illuminate the theory by enriching the basis of discipline	• Aims to solve a problem by enriching the field of application of a discipline.
• Studies a problem usually from the focus of one discipline.	• Often several disciplines collaborate for solving the Problem.
• Seek generalizations.	• Often studies individual cases without the objective to generalize.
• Works on the hypothesis that variables not measured remain constant.	• Recognize that other variables are constantly changing.
• Tries to say why things	• Tries to say how things can be changed

CONTRIBUIONS OF APPLIED RESEARCH

- Uncovers new facts, which can contribute new facts which enrich the concerned body of knowledge
- Offers an opportunity to test the validity of existing theories
- May help in conceptual clarification
- May integrate previously existing theories

3. **EXPLORATORY RESEARCH**

- Exploratory or formulative study conducted which relatively little is known about the phenomenon, sometimes called pilot study.
- As enough data relevant to the problem are gathered the researcher knowledge about his subject improves and he becomes capable of formulate a clear hypothesis for further testing and confirmation.

- Since this type of research the emphasis on discovery of ideas and insights its design is always kept flexible and non-structured to permit considerations of different aspects of a phenomenon.

PURPOSES OF EXPLORATORY RESEARCH
- To generate new ideas
- To increase the researchers familiarity with the problem, or □
- To make precise formulation of the problem
- To determine whether it is feasible to attempt the study
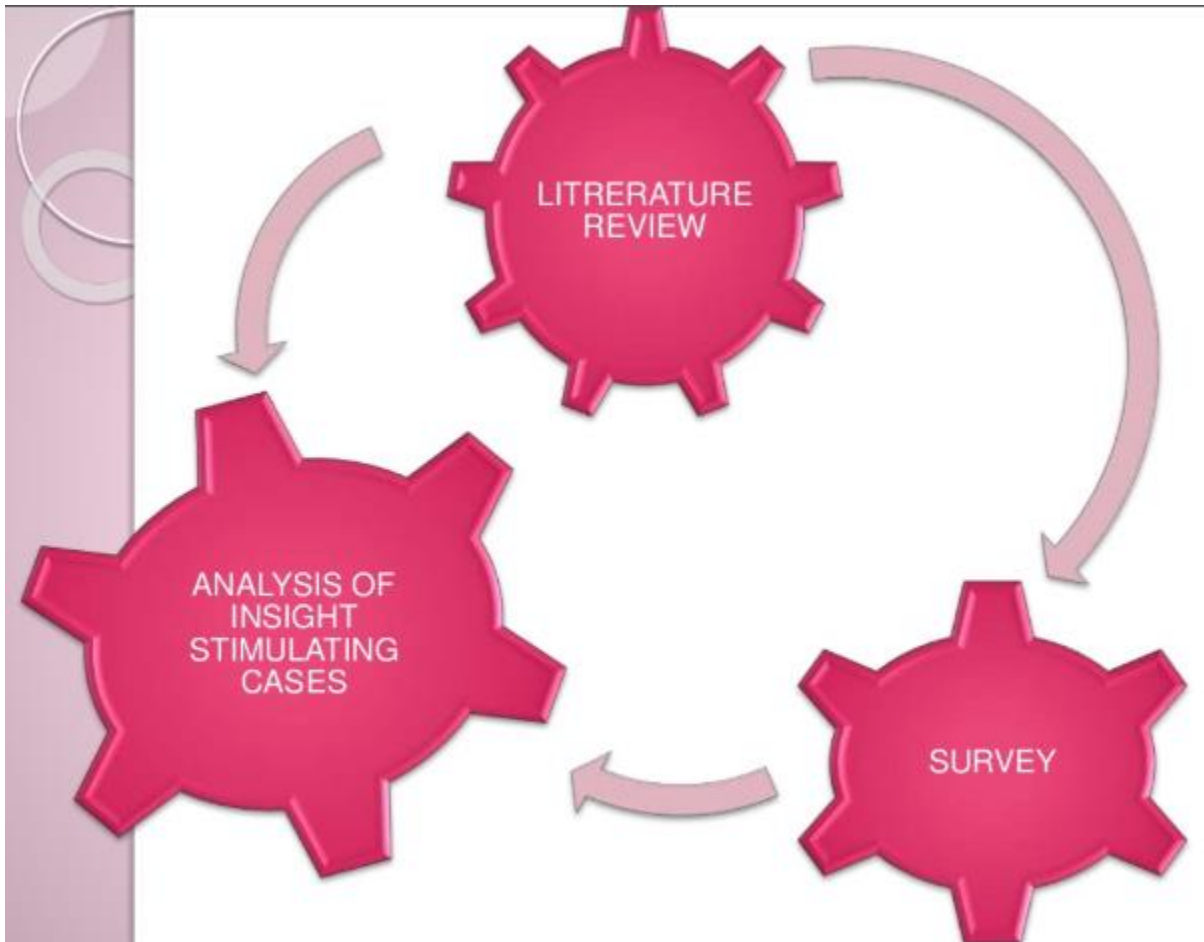
4. **DESCRIPTIVE RESEARCH**
- Descriptive research is non-experimental research designed to discover new meaning and to provide new knowledge where there is very little known about the phenomena of interest.
- Data collection by using one or more appropriate methods; observation, interviewing and mail questionnaire.

- Descriptive research aims at answering the 'what' and 'why' of the current state of some system.

CRITERIAS OF DESCRIPTIVE RESEARCH
- Problem must be describable and not agreeable.
- The data should be amenable to an accurate objective and if possible quantitative assemblage for reliability and significance.
- It should be possible to develop valid standards of comparison.
- It should lend itself to verifiable procedure for collection and analysis of data.
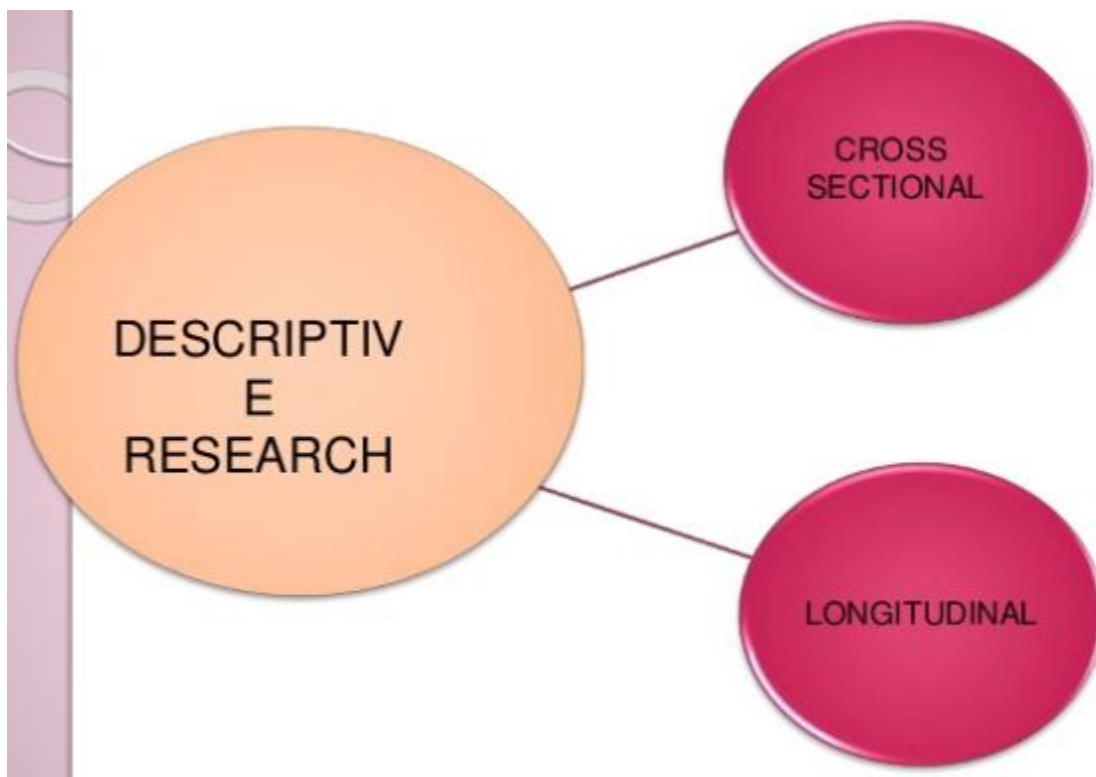
5. **DIAGNOSTIC RESEARCH**
- Diagnostic study is similar to descriptive study with a different focus. It is directed discovering what is happening, why it is happening and what can be done. It aims at identifying the causes of problem and the possible solutions for it.

- More directly concerned with causal relationships and with implications for action than descriptive study.
- Directed towards discovering not only what is occurring but why it is occurring and what can be done about it.
- More actively guided by hypothesis than descriptive study.
- Not possible in areas where knowledge is not advanced enough to make possible adequate

6. **EVALUATIVE RESEARCH**
   - Evaluation is the determination of the results attained by some activity (whether a Programme, a drug or a therapy or an approach or nursing approach) diagnosed to accomplish some valid goal or objective.
   - Evaluation study is made for assessing the effectiveness of social, or economical, or health programmes implemented or for assessing the impact- of developmental projects on the development of the project area (e.g., evaluate the effectiveness of structured teaching programmes on different topics).

PURPOSES OF EVALUATIVE RESEARCH
   - To discover whether and how well the objectives are being fulfilled.
   - To determine the research for specific success or failure.
   - To direct the course of experiment with techniques for increasing effectiveness.
   - To uncover principles underlying a successful programme.
   - To base further research on the reason for the relative success of alternative techniques.
   - To redefine the means to be used for attaining objectives and to redefine sub-goals, in light of research findings.

7. **ACTION RESEARCH**
   - Action research arose from social change theory and has become a valuable strategy in a variety of practice settings including nursing. As its name implies action researchers pursue action and research outcomes at the same time.
   - Action research is focused on immediate application, not on the development of theory or on general application.

- Action research has the advantage of allowing research to be done in situations where other research method may be difficult or impractical use. "To achieve action, action research, is responsive, it has to be able to respond to the emerging need of the situation .It must be flexible in a way then some other research methods cannot be.

-

QUALITATIVE RESEARCH

1. Humans are biopsychosocial beings known by their biological, psychological and social characteristics.
2. Truth is objective reality that can be experienced with the senses and measured by the researcher
3. Researcher selects a representative (of population) sample and determines size before collecting data.
4. Researcher uses an extensive approach to collect data.
5. Questionnaire and measurement devices are preferably administered in one setting by an unbiased individual to control for extraneous variables.
6. Reliability and validity of instruments and internal and external validity permit judgment of scientific rigor

QUANTITATIVE RESEARCH

1. Humans are complex beings who attribute unique meaning to their life situations. They are known by their personal expressions.
2. Truth is the subjective expression of reality as perceived by the participant and shared with the researcher. Truth is context- laden.
3. Researcher selects participants who are experiencing the phenomenon of interest and collects data until saturation is reached.
4. Researcher uses an intensive approach to collect data.
5. Researcher conducts interviews and participant or nonparticipant observation in environments where participants usually spend their time. Researcher bias is acknowledged and set aside.
6. Creditability, auditability, fittingness and

QUALITATIVE RESEARCH

- Qualitative research is particularly well suited to study the human experience of health, a central concern of nursing science.
- Because qualitative methods focus on the whole of human experience and the meaning ascribed by individuals living the experience.
- These methods permit broader understanding and deeper insight into complex human behaviours that what might be obtained from surveys and other linear measures of perceptions
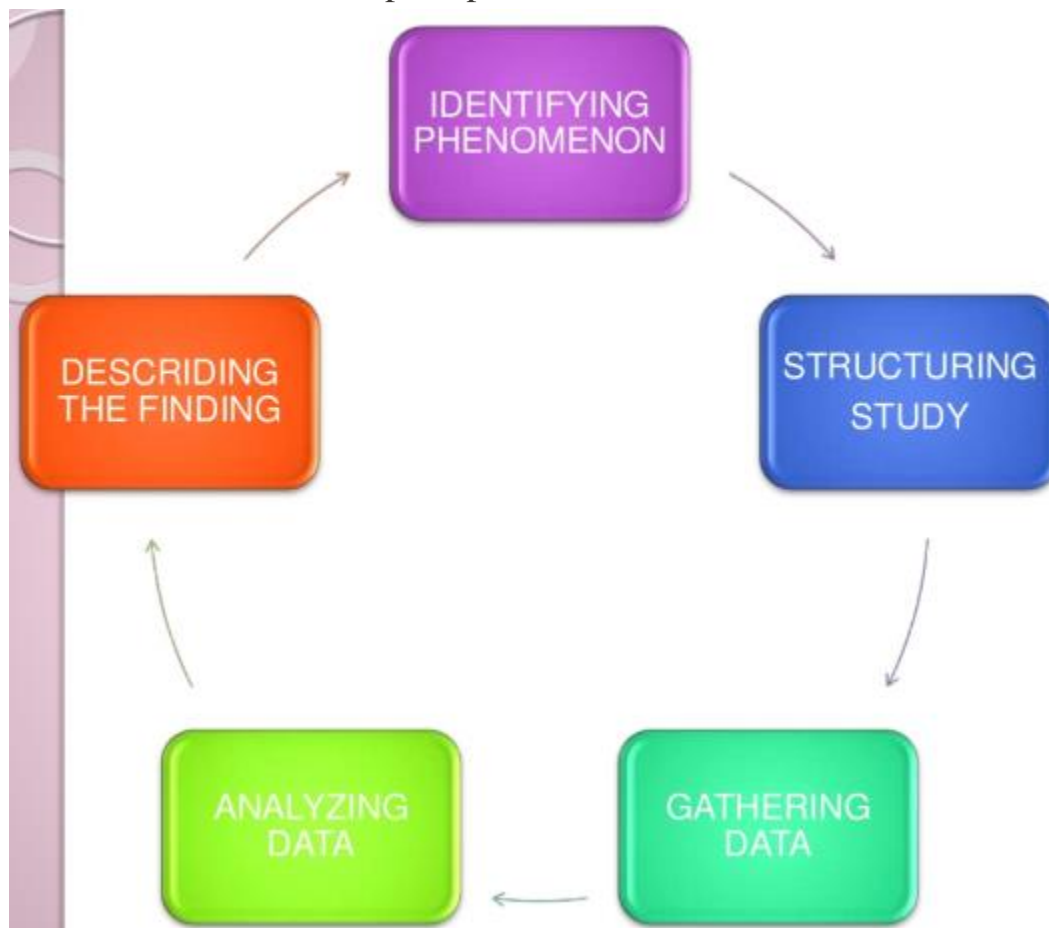
PHENOMINOLOGICAL STUDY

Phenomenology is a "science whose purposed is to describe particular phenomena or the appearance of things as lived experience." Six core steps used in phenomenological study

1. Descriptive Phenomenology: It involves direct exploration analysis and description of particular phenomena as free as possible from unexamined pre suppositions aiming at maximum intuitive presentation.

2. Phenomenology of essence: Phenomenology of essence involves probing through the data to search for common themes or essence and establishing patterns of relationship shared by particular phenomenon.

3. Phenomenology of Appearances: Phenomenology of appearances involves giving attention to the ways in which phenomena appear. In watching the ways in which phenomena appear the researcher pays particular attention to the different ways in which an object presents itself.

4. Constitutive Phenomenology: Constitutive phenomenology is studying phenomena as they become established or constituted in our consciousness.

5. Reductive Phenomenology: Reductive phenomenology although addressed as a separate process occurs concurrently throughout a phenomenological investigation. The researcher continually addresses personal biases assumptions and purest description of the phenomenon under investigation.

6. Interpretive or Hermeneutic Phenomenology: Interpretive frameworks within phenomenology are

GROUNDED THEORY
- Grounded theory is an inductive, qualitative research method that seeks to understand and explain human behavior
- The aim of this theory approach is to discover underlying social forces that shape human behaviour. This method is used to construct theory where no theory exists or in situations where existing theory fails to explain a set of circumstances. The goal of this method is the development of theory that explains underlying social and psychological processes.

For example , Nathanial's study their main concern was moral distress and the core category which processed their concern was moral reckoning.

ETHNOGRAPHY

- Ethnography is the systematic process of observing, detailing, describing, documenting and analysing the lifeways or particular patterns of culture or subculture in order to group the lifeways or patterns of the people in their familiar environment.
- Ethnographic attempts to describe the culture of group from the perspective of the members- that is, how they view their own culture-through in-depth study that involves systematic observations of the group activities language and customs.

Historical Research

- History is a meaningful record of human achievement. It is not merely a list of chronological event but a truthful integrated account of the, relationships between persons, events, times and places.
- The use of history is to understand the past and try to understand the present in the light or past event and development .
- Historical study is a study of past records and other information source with view to restructuring the origin and development of an institution or a movement or a system and discovering the trends in the past.

QUANTITATIVE RESEARCH
1. EXPERIMENTAL RESEARCH
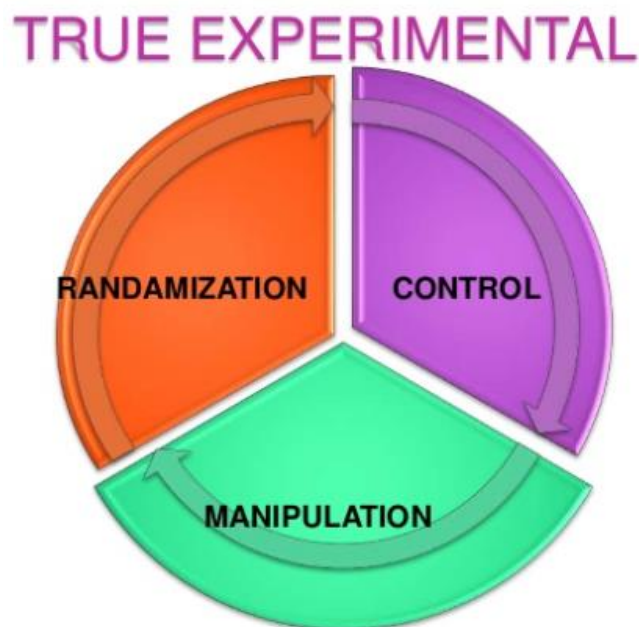
TYPES OF EXPERIMENTAL RESEARCH

- Pretest/post-test control group design
- Solomon four-group design
- Two-group random sample design
- Matching samples design
- Factorial designs.

RESEARCH DESIGNS

A quasi-experimental design may be defined as a quantitative research design in which there is always manipulation of the independent variable(s) and control measures are employed, but the other element of a true experiment, random assignment of subjects, is absent.

1. Nonrandomized control group design
2. Counterbalanced design
3. Time series design
4. Control group time series design.

The nonrandomized control group design, also termed the none equivalent control group design is often used in nursing research studies. When circumstances preclude.

•random assignment of subjects to an experimental and control group at the beginning of an experiment.

•A nontreatment group may be established for the purpose of comparing outcomes.

• However, there is no way to guarantee that the groups are equivalent as to other characteristics. The **counterbalanced design** is more

Some of the previously described problems. This design can be used when more than one treatment method is attempted. Each group of subjects is given a different treatment at the same point in time during the course of the experiment.

The **time series design** is useful when an experimenter wants to measure the effects of a treatment over a long period of time. In this design, the experimenter would continue to administer the treatment and measure the effects a number of times during the course of experiment.

PRE-EXPERIMENTAL DESIGNS

Pre-experiments are the simplest form of research design. In a pre-experiment either a single group or multiple groups are observed subsequent to some agent or treatment presumed to cause change.

Types of Pre-Experimental Design
- One-shot case study design
- One-group pretest-posttest design
- Static-group comparison

NONEXPERIMENTAL QUANTITATIVE RESEARCH DESIGNS

In nonexperimental research, the researcher collects data and describes phenomena as they exist. Unlike experimental research variables are not manipulated because no interventions take place, there are no control measures, and there is no random assignment of subjects to groups'

The following nonexperimental designs will be discussed:

I. Correlational designs.
II. II. Descriptive designs
III. III. Time perspective designs
IV. IV. Retrospective designs
V. V. Prospective designs
VI. VI. Designs that use existing data
VII. VII.Focus group research
VIII. VIII.Content analysis.

A. **CORRELATIONAL DESIGNS**

Correlational designs are nonexperimental designs that allow the researcher to infer relationships among two or more variables, rather than to draw conclusions about cause and effect.

B. **DESCRIPTIVE DESIGNS**

Descriptive research is often a preliminary to correlational research or to experimental studies. Descriptive research studies (nit to be confused with qualitative research) can serve new meaning and to provide new knowledge when there is very little known about a topic of interest, They also provide a knowledge base when a research problem needs to be refined when hypotheses need to be formulated or data collection and analysis procedures need to be designed.

C. **TIME PERSPECTIVE DESIGNS.**

In time perspective designs (also called time dimensional designs), time is an important factor. Time perspective designs are concerned with examining trends or changes across time.

D. **RETROSPECTIVE DESIGNS**

In retrospective designs (retrospective means "looking backward"), changes in the independent variable have already occurred before the research due to the natural course of events. The dependent variable (Y) is identified in the present, and then the researcher looks to the previous event that has already occurred to identify the possible independent variable.

E. **PROSPECTIVE DESIGNS**

In contrast to retrospective studies' which identify the dependent variable in the present and look to the past to identify the independent variable, **prospective designs** identify the independent variable (x) in the present and look to the future to identify potential effects (Y).

F. **DESIGNS THAT USE EXISTING DATA**

Meta-analysis is a technique in which the investigator examines research findings across a number of research investigations relating the same general phenomenon. The investigator then pools the synthesizes the findings that is brings together the findings of the many separate investigations relating to the same general phenomenon. "The original investigators have done the analyzing; the meta-analyst synthesizes the results of these analyses"

G. **FOCUS GROUP RESEARCH**

Focus group research design is a method that allows the researcher to examine the points of view of a number of individuals as they share their opinions/concerns about a topic. Essentially, a focus group consists of a small number of individuals who share a common bond. This bond might be any number of things such as age, number of children, wealth or lack of it, a specific disease or any other commonality defined by the researcher.

H. **CONTENT ANALYSIS**

Content analysis is a data-analysis method that is used not only in quantitative research but also in qualitative research. In quantitative research, content analysis can be used as "a method to make inferences based on systematic, objective, and statistical analysis of written text or oral communication and documentation".

In qualitative research, content analysis is a process to analyze the content of qualitative information gathered from the study participants by "categorizing observations into themes and concepts emerging from the data".
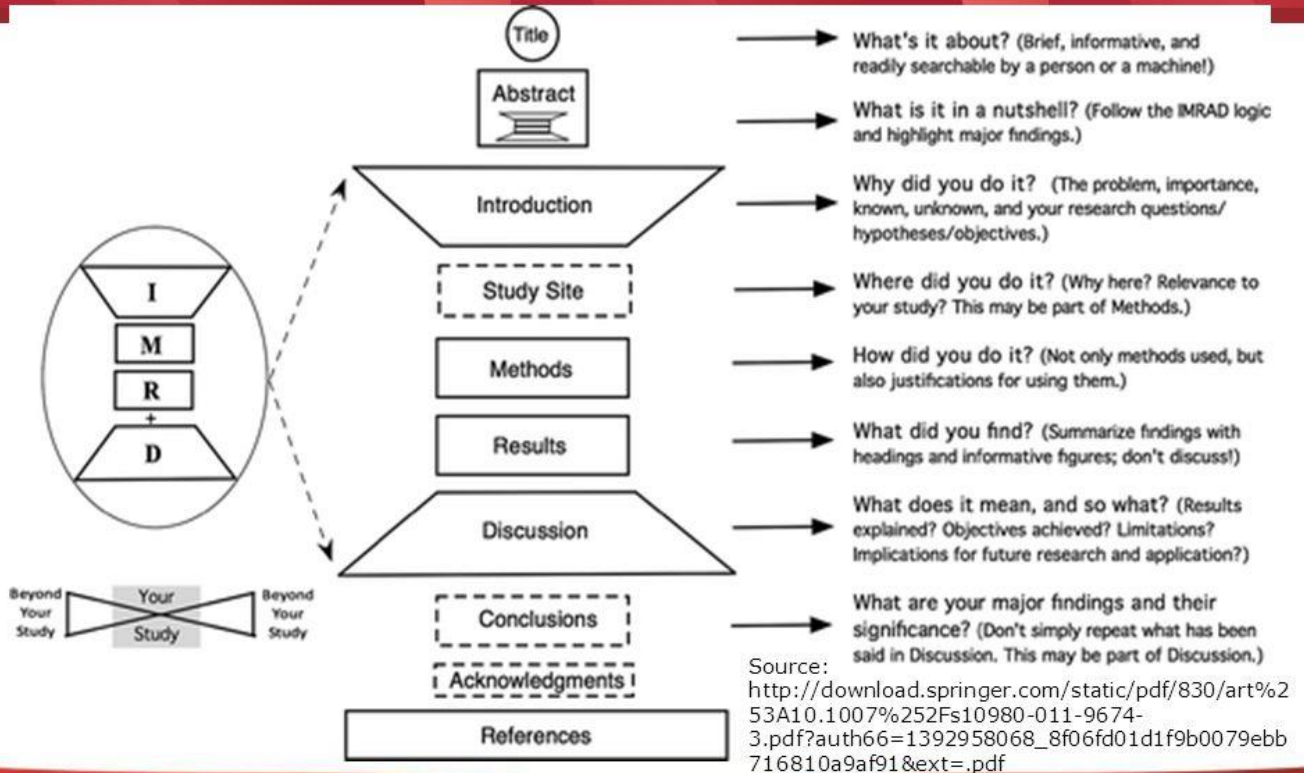
EXPERIMENTAL RESEARCH

1. This type of research always begins with some hypothesis which the researcher wants to test.
2. Control of extraneous variables is a very important phase in this type of research. Extraneous variables are those which operate in the experimental situation in addition to the independent variable, they must be controlled, so that they will not mask the possible effect of the independent variable.
3. Data generated by the research are used to establish cause and effect relationship between two variables. On the basis of this data, one can predict changes in the dependent variable for given changes and the independent variables.
4. This type of research is narrow in scope. There are number of social science subjects where this type of research is not possible.

NON EXPERIMENTAL RESEARCH

1. In this type of research, it is not essential to always have a hypothesis. All exploratory and many descriptive research do not have any hypothesis.
2. In this type of research, the researcher exercises very little control over extraneous variables.
3. Data generated by this type of research are not helpful in establishing the cause and effect relationship between variables.
4. They can be used only to describe certain relationship without showing that functions interdependent.
5. The scope of the research is very wide and applicable for all social science research

ORGANIZATION OF RESEARCH PAPER
AIMRaD FORMAT

Generic stucture: IMRaD

Fakultas Informatika
School of Computing
Telkom University

Title → What's it about? (Brief, informative, and readily searchable by a person or a machine!)

Abstract → What is it in a nutshell? (Follow the IMRAD logic and highlight major findings.)

Introduction → Why did you do it? (The problem, importance, known, unknown, and your research questions/ hypotheses/objectives.)

Study Site → Where did you do it? (Why here? Relevance to your study? This may be part of Methods.)

Methods → How did you do it? (Not only methods used, but also justifications for using them.)

Results → What did you find? (Summarize findings with headings and informative figures; don't discuss!)

Discussion → What does it mean, and so what? (Results explained? Objectives achieved? Limitations? Implications for future research and application?)

Conclusions → What are your major findings and their significance? (Don't simply repeat what has been said in Discussion. This may be part of Discussion.)

Acknowledgments

References

Source: http://download.springer.com/static/pdf/830/art%253A10.1007%252Fs10980-011-9674-3.pdf?auth66=1392958068_8f06fd01d1f9b0079ebb716810a9af91&ext=.pdf

26/08/2014