

# Nursing practice research paper sample

[Health & Medicine](#), [Nursing](#)



\n[[toc title="Table of Contents"](#)]\n

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1. [Practice Theory](#) \n \t
2. [Applied Theories](#) \n \t
3. [Nursing Practices in the 21st Century](#) \n \t
4. [Applicable Theory in 21st Century Clinical Nursing Practice](#) \n \t
5. [Conclusion](#) \n \t
6. [References](#) \n

\n[/toc]\n \n

## **Practice Theory**

Grand, Mid-Range or Situation Specific

Introduction

Nursing practice is defined by its fundamental characteristics of having to be deliberative, goal-oriented and work coordination for the purpose of enhancing healthful living, in which the nurses and the patients embodies the realities of human life, features and human agency. It also involves intentional coordination of human-to-human engagement, problem solving, technological intervention, scientific processes and providing specific service to human needs. The responsibilities of nursing professionals occur in healthcare and social situations. However, nursing practices is not just about providing healthcare specific services, it also constitutes a need for adequate understanding of its theories in order to align the values of the profession to clinical practices.

## **Applied Theories**

Clinical nursing practice has three theories namely Grand, Mid-range and Situation-Specific.

1. Grand Theory - The Grand theory is made up of different concepts that represents complex phenomenon. It also has the broadest scope as compared to the other two theories. In addition Grand theory also represents broad phenomena that pertains to the principles of discipline and abstract development level. Normally, the Grand theory is not being used to provide guidance in forming nursing interventions because the fact the scope of this theory is broad, nursing interventions would not specific. Instead, the theory only provides a general and abstract framework of ideas and broad structures. One example of a Grand theory is Orem's Theory of Self-Care Deficit (Leahy and Kizilay, 2005).

2. Mid-Range theory - This theory provides a more concrete and narrow definition of identified phenomena. Predictions, explanations and descriptions under the Mid-Range theory is are intended to provide answers to questions about the clinical practices in Nursing, but it does not cover the general range of the phenomena that concerns discipline. The tenets of the theory are intended to provide perspectives that clarify complex situations determined by the directions of the given intervention. Peplau's Interpersonal Relations theory is a good example of a Mid-Range theory (Smith and Liehr, 2008, p. 20).

3. Situation-Specific or Micro-Range theories - This is the narrowest theory in Clinical Nursing practice that pertains to the more specific scope of phenomena of the discipline. It provides a more established guideline in

terms of address a specific dilemma such as grieving and social support (Leahy and Kizilay, 2005).

## **Nursing Practices in the 21st Century**

The role and responsibilities of Clinical Nurses have changed from the 19th century to the present. The current trend in clinical nursing practices evolves around promoting effective and effective positive patient outcomes and evidence-based practice (La Sala et al., 2007). Furthermore, the healthcare situations have also significantly evolved because of the changing patient demographics, needs, and environmental changes also cause the morph of new illnesses. Modernization has also played a role in the changes in nursing practices in the dawn of the 21st century. Technological advances have largely contributed to the practice approach needed to service the patients. For instance, the growing geriatric population have shown to have more complex health conditions, which needs specific care approach aided by several technological tools (Center to Champion Nursing in America Team, 2009). In older times, clinical nursing practices only involves providing assistance to physician in terms of administering treatment. However, the changing times and evolution of the discipline have resulted to a wider scope of responsibilities and developing a sense of community well being (Klainberg, N. D.). Clinical practices in particular have also evolved in terms of having a wider perspective in healthcare and owning responsibilities defined by the three aforementioned theories.

## **Applicable Theory in 21st Century Clinical Nursing Practice**

The three different theories and their fundamental tenets was described earlier and followed by an overview in nursing practices in the 21st century. Given all the descriptions, it is apparent that the most applicable theory for Clinical Nursing practice in the 21st century is the Mid-Range theory. The ability of nurses to apply their skills and knowledge in practice is detrimental to creating diverse spectrum of competencies, experiences and service quality in delivering healthcare (Nursingtimes. net, 2009). Mid-Range theory entails an important characteristic that shows notable exceptions in progress acceleration and inductively derived from research. Theories such as Swanson’s Caring theory encompass a deeper level of sub-dimensions that suggests executable interventions (Tonges and Ray, 2011). In Caring theory, nurses are expected to demonstrate care for the patient in different levels while putting emphasis on the importance to the patient’s well being (Tonges and Ray, 2011).

Theories constructed based on Mid-Range approach also provides an important standard of care in terms for a peaceful end of life. In Mid-Range theories, emphasis is being given to the link between outcomes in care standards and processes. The approach comprises an alternative for constructing nursing interventions that provides a positive patient outcome particularly during the time the patient’s life is about to end. Terminally ill patients particularly those that are diagnosed with cancer and other diseases are part of the patient population that are often encountered by nurses on a daily basis (Ruland and Moore, 1998). The Mid-range theory provides a framework for the development of care standards for patients that are

terminally ill.

The importance of having such standards is crucial for handling patients that no longer has the option to live and just waiting for the nature to take its course. These standards enable nurses to follow specific protocols in caring for the terminally ill patients in such a way that their expected passing from this life would be peaceful (Ruland and Moore, 1998). Having no standard procedures and practices in handling situations that are deemed to be emotionally challenging for the patient would result to a grieving process that would take so much to end. The standards in care would alleviate the occurrences of heavy grievances over the passing of the patient.

Other theories derived from the principles of Mid-Range theory are geared toward both the physical and spiritual well being of the patient. For example, Joyce Travelbee was both a psychology and nursing practitioner who proposed a patient interaction model that addresses the spiritual and physical care needs of the patients. The underlying principle in her patient interaction model suggests that patients does not only need physical care, the fact that their illnesses is taking toll on their physical, emotional and moral being, it is important for the clinical nurses in the 21st century to have the proper initiative and standard model in handling patient situations.

## **Conclusion**

In a nutshell, clinical nursing practices are not limited to caring for the patient's medical needs and administering medications as ordered by the doctors. There are more crucial responsibilities that a nurse has to perform and those responsibilities are described by the different theories in clinical nursing practices. However, the Mid-range theory is more appropriate to the

21st century practices because of its characteristic to be developed into several theories that can be narrowed into more specific approaches that will address patient needs.

## References

Center to Champion Nursing in America Team (2009). Creating a 21st Century Nursing Workforce to Care for Older Americans: Modernizing Medicare Support for Nursing Education. *Insight on the Issues*, (34).

Klainberg, M. (n. d.). An Historical Overview of Nursing. The Impact of Nursing on the Evolution of Health Care.

LaSala, C., Connors, P. M., Pedro, J. T., & Phipps, M. (2007). The Role of the Clinical Nurse Specialist in Promoting Evidence-Based Practice and Effecting Positive Patient Outcomes. *The Journal of Continuing Education in Nursing*, 38(6).

Leahy, J., & Kizilay, P. (2005). *Foundation of Nursing Practice: Nursing Process Approach*. New York, USA: W. B. Saunders.

Nursingtimes. net (2009, January 20). Nurses' learning styles: promoting better integration of theory into practice. *Nursing Times*.

Retrieved February 4, 2013, from <http://www.nursingtimes.net/nursing-practice/clinical-zones/educators/nurses-learning-styles-promoting-better-integration-of-theory-into-practice/1970593>. article

Ruland, C. M., & Moore, S. M. (1998). Theory Construction Based on Standards of Care: A Proposed Theory of the Peaceful End of Life. *Nursing Outlook*, 46(4).

Smith, M. J., & Liehr, P. R. (2008). Understanding Middle Range Theory by Moving Up and Down the Ladder of Abstraction. In *Middle range theory for*

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nursing (2nd ed., p. 20). New York, USA: Springer Pub.

Tonges, M., & Ray, J. (2011). Translating Caring Theory Into Practice: The Carolina Care Model. *Journal of Nursing Administration*, 41(9).