

# Nursing student's perceptions of rural healthcare



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BUSTER**

In quantitative research, the goal is to establish a relationship between the independent variable and the dependent variable or outcome in a population. Quantitative research designs may be descriptive or experimental. A descriptive design establishes an association between variables. Experimental or quasi-experimental design are used to determine the effectiveness of an intervention, and to provide evidence to guide clinical practice. In this study, a non-experimental descriptive design will be used. The method will be a survey plan utilizing open-ended questionnaires.

The theoretical framework of the adaptation model occurs when people react encouragingly to situational changes, and it is the process and outcome of individual and groups who use deliberate reasoning, self-reflection and selection to develop human and environmental assimilation. The key concepts are person, health, environment, and nursing (Jones and Barlett Learning, LLC).

A person is a bio-psycho-social being in constant collaboration with an altering environment, using intuitive and intellectual methods to accommodate (Jones and Barlett Learning, LLC). The model incorporates people as an individual and a group. Person can be a presentation of an individual or group. The person is an adaptive entity whom practices coping skills to manage stressors (AbuShosha, 2012).

Health is a component of a person's existence and is signified as the appearance and aspect of being assimilated. The environment is all situations, contexts, and motivations that affect the transformation and behavior of the individual. The model includes two sub-sets, the cognitive-

emotive, perceptual and informational processing, learning, judgment, and emotion. Nursing is the promotion of acclimation in four manners; biological, self-concept, character function, and interdependence. The regulator subset is a prime integration means that reacts through neural, chemical, and endocrine coping channels (AbuShosha, 2012).

There are ten adaptation model assumptions: 1) the person is a bio-psycho-social being (Jones and Barlett Learning, LLC). 2) The person is in constant associations with a fluctuating situation. 3) The person uses coping mechanisms, instinctive and learned to cope with a changing domain. 4) wellbeing and sickness are unavoidable characteristics of life. 5) An individual must change in order to react positively to the circumstances. 6) The individual's adaptation is an event of the provocation that they are subjected. 7) The person's acculturation situation is such that it comprises an expanse indicating a difference of stimulation that will lead to an affirmative response (Jones and Barlett Learning, LLC). 8) There are four types of adaptation; physiological needs, self-concept, role function, and interdependence (AbuShosha, 2012). 9) Interpersonal associations are an essential segment of the profession of nursing. 10) There is a vital purpose for existence with the definitive aim of achieving confidence and honor (AbuShosha, 2012).

There are also four basic assumptions; 1) people can be reduced to agents for examination and investigation. 2) Nursing is based on cause and effect 3) people's ethics and opinions should be reviewed and appreciated. 4) A condition of adaptation liberates a person's resources to respond to other incentives (AbuShosha, 2012).

The application of this theory in the project is to identify perceptions of nurse practitioner students of clinical rotation in rural and urban healthcare settings. The approach is a quantitative approach using a survey method.

The data collection design is snowball approach, which is an application used for collecting research subjects through the association of a primary subject who is used to give names of other people (Tappen, 2011). An advantage for the snowball method is the ability to engage hidden populations.

Disadvantages are over sampling of a network of peers can lead to discrimination. The sampling is fifty (50) nurse practitioner students.

Concepts used are the four adaptive methods, to create closed ended questions based on the four methods and cognator subsets, to process changes in the environment through cognitive and emotional avenues involve personal perceptions and data processing, learning, judgment, and emotions (AbuShosha, 2012).

Instruments used will be surveys given at the end of the clinical rotation.

Validity and reliability estimates will be based on two methods; factor analysis to determine if items are theoretically associated show similar link in the answers. Split-half reliability means using two versions of the questions and comparing the results (Etchegaray, 2006). The means to verify the questions will be a scale of (1-5) one to five, and not likely to extremely likely. Reliability is the consistency of the measurement of the survey. This means the item measures the same thing across like responses. Piloting or pre-testing the survey can help check for reliability. Validity is the degree to which the instrument measures what it is proposed to measure, and what is the relationship between information provided and what is desired to know.

A scale that measures a concept consistently is viewed as reliable; a scale that measures the proposed concept is viewed as credible (Etchegaray, 2006).

The sampling size and criteria for inclusion will be a sampling of fifty (50) students. Inclusion criteria are to have students one year before graduation that live within one hour of a rural area or are willing to drive to a rural setting. Obtaining the sampling group will be through nurse practitioner students known to the developer and referrals from these students.

Description of the study and informed consent will be obtained when the student agrees to participate. To obtain permission for the study, the schools in question will be approached through the academic offices and the director of the nurse practitioner programs for permission, through a proposal request. The setting will be rural and urban clinical sites within the northern Kentuckian area that are amenable to the study, where surveys will be distributed after the clinical experience is complete. The preceptors will be informed of the study, and informed consent will be obtained at that time.

The sampling strategy is a non-probability sample design using the snowball network or referral sampling method; this is where one starts with known individuals and asks them to refer others with the same concern or interest (Tappen, 2011). The sampling will be divided into two groups, one that shadows a rural nurse practitioner and one that shadows an urban practitioner. The surveys will be distributed to both groups after the clinical rotation is completed and may be faxed or emailed when finished.

## References

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