

Taxonomy and nursing

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



of the of the Introduction Nursing knowledge acquisition can be generated using the hierarchy of cognitive, psychomotor and affective domains of Bloom's taxonomy for the learners to attain experiential and evidential account for transformational healthcare (Bloom, Englehart, Furst, Hill, & Krathwohl, 1956). This can support application of practices and theories using the hierarchy of learning process or taxonomy (Bloom et. al., 1956). Experts explained that knowledge on healthcare are primarily delivered through education from learning institutions where rigorous learning process are attained by reading nursing books which could be a complex combination of sciences and literatures supporting theories, models and approaches on health care management (Bloom et. al., 1956). This is further deepened through direct exposure on cases where nurses' theoretical knowledge is applied in practical experimentations or in medical cases present among varied patients in hospitals or at home (Pearson, Field, & Jordan, 2007). They would often maximize methodological approaches, such as trial and error, to critically review and generate profound understanding out of these (Pearson, et al., 2007). The conduct of research for instance is one of the methodological approaches to attain the hierarchy of evidences that could provide significant contribution in the development and application on healthcare practices (Pearson, et al., 2007). The evidences that could be generated inductively or deductively have heartily influenced the advancement of nursing education, healthcare policy and management (Pearson, et al., 2007). In undertaking these experiments and empirical studies, the nurse practitioners may employ the use of standard randomized controlled method thru trials in either quantitative or qualitative research to

review the effectiveness of health intervention and patient support (Pearson, et al., 2007). Randomized research may use a number of patients that are categorized accordingly in accordance to the standard design made by the medical practitioner to arrive at a sound and logical inferences from controlled trials and generated evidences (Pearson, et al., 2007). Another scientific approach is the use of positivist scientific approach to generate a body of knowledge on healthcare and medical practices. This is commenced by raising hypothetical queries and assuming the tasks of interpreting the results and outcome (Pearson, et al., 2007) and would wind toward an evaluative knowledge and skills which is presupposed as integral in nursing profession. Everyone knows that nurses practice their profession which is normally illustrated by techniques of inspection, knowing palpation, percussion and auscultation. They also deal concerns on respiratory system and are excellent too in understanding patients' history and psychological behavior. . This paper aims to explicate the correlation of Bloom's taxonomy in nurturing a learning process for nurses to objectively undertake a teaching-learning process on respiratory assessment

Over-all Goal and Objectives Goal: The student nurses will be able to develop the knowledge and respiratory assessment skills. Objectives: 1. (Remembering) Student nurse will name, recall or list the process in respiratory assessment, the normal and abnormal breath sounds, and the types of respiration. 2. (Understanding) Student nurse will be able to recognize and identify breath sounds and types of respiration. 3. (Applying) Student nurse will be able to demonstrate how and where to listen in doing respiratory assessment. 4. (Analyzing) Student nurse will be able to differentiate normal from abnormal

breath sounds and the types of respirations. 5. (Evaluating) Student nurse will be able to interpret relationships of patient's condition and that of respiratory assessment findings 6. (Creating) Student nurse will be able to formulate a plan of care for different abnormal breath sounds and types of respiration. In the light of Bloom's taxonomy, the identified objectives are targeted at reaching the desired broader goal, as indicated herein. The attainment of these objectives will facilitate the attainment of knowledge, comprehension, application, analysis, synthesis, and evaluation (Florida International University, 2013). Henceforth, the process will improve the demonstration of the acquisition of theories and models; help recognize and understand the features of respiration; motivate learners to apply these knowledge to dramatically illustrate how respiratory care be undertaken; provide critical analysis of the subject; synthesize the findings using empirical information from diagnoses done to the patients; and, generate an evaluative conclusion to warrant medical recommendation for necessary care-related actions.

The Choice of Bloom's Taxonomy

The structure of Bloom's taxonomy table matrix provides a clear, concise visual presentation of the alignment between educational standards and goals, objectives, products and activities. Such approach made the acquisition of knowledge correlates to Blooms theory of learning processes which represents the ranges of factual and theoretical matters—the latter being considered as a metacognitive approach (Anderson, Krathwohl, Airasian, Cruikshank, Mayer, Pintrich, Raths, & Wittrock, 2001). Bloom explicated that the metacognitive knowledge is “ the cognition about oneself in relation to variegated matters (Anderson, et al., 2001, p. 1)”. Bloom, et al.,(1956) posit that knowledge is

gained through a level of knowledge, comprehension, application, analysis, synthesis, and evaluation. Knowledge refers to cognition of ideas, information, models, principles, and the theories (Bloom et al., 1956). The comprehension refers to the process of understanding, translation, and interpretation of database as requisite to the learning process (Bloom et al., 1956). The application provides the system of selecting, transferring and the maximization of data or principles in the resolution of problems and cases, including those healthcare matters among care providers (Bloom et al., 1956). This can be demonstrated by the use of statistical or mathematical computation, demonstration and construction of matters to explicate the learning process (Bloom et al., 1956). As data and information are generated, the learners integrate these ideas as product, plan and a new proposal (Bloom et al., 1956). The learners' creativity is developed here as they design, hypothesize further, reinvent and develop the cognitive, affective and psychomotor of the learner (Bloom et al., 1956). The last part of the learning process is evaluation, where the students are appraised, evaluated, and criticized based on the specific standard and criterion set. Through these, learners learned to make some judgement, think of recommendation, criticize, and make some justifications (Bloom et al., 1956). The last process is the attainment of the modality where the student will be able to recognize the effectiveness of writing objectives (Bloom et al., 1956). Contemporary educators have already devised Bloom's taxonomy of learning to develop an outcome-focused learning process. The cognitive processes are still considered but the synthesis and evaluation aspects were revised into evaluating and creating to respond to the level of complexity of

learning processes (Anderson et al., 2001). Conclusion Bloom's taxonomy of learning process provide an explicatory detail about know acquisition of healthcare knowledge is possible, especially in respiratory care. As an essential process to simplify the tedious process of various learning approaches, the approach help enhance knowledge acquisition bout improving of healthcare service delivery, and enhancing behavior of practitioners to ensure that proper performances of services are delivered on respiratory care. The evaluation and creating part will also encourage the continuity of studies through research, specially that medical practitioners are mandated to exercise their profession to help prolong the life of their patients and to contribute holistically to client's the general welfare. The approaches will indeed help improve the core competences of the nurses.

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