

Is theory important to bedside nursing? essay sample

[Health & Medicine](#)



Is Theory Important to Bedside Nursing?

Nurses convey a wealth of knowledge and proficiency to the resource decision making in many different aspects of the healthcare system.

Traditionally, nurses have been most active in decisions that primarily cater to patients, which include, nursing education, social concerns, and tasks of a typical nurse's workday; providing continuing exposure to critical issues affecting direct patient care. As society becomes more and more diverse and cultured, new dispositions will have novel effect of the normative of the nurse's theory. Patient care and nurses' awareness are becoming more challenging, requiring nurses to be more active contributors in health care decisions; necessitating more critical thinking in the aspect of ethnic, social and cultural environment. Not only in the theoretical " bedside" care theme, but also, in the political decision making; which will have direct influence on future disciplinary policy (Malone, 2005).

According to Peterson and Bredow (2013), conventionally, nurses are educated to always put patient needs first. They are routinely involved in helping to directly touch patients and families, like helping to determine whether additional time should be exhausted to keep an incurable patient alive, or to help make a decision regarding which patient is the best candidate for an available donor organ. The nurse's personal touch and kind-heartedness is not something that can be entirely taught on books, rather, it's a functional characteristics of a compassionate nurse (Peterson & Bredow, 2013). Nursing theoretical " frameworks" and how it should be educated at the graduate level can have a different outcome depending on who is teaching it. Culture, ethnicity, way of life, spirituality, as well as, other

factors may influence how to understand and put in practice those teachings—solitary nursing perspectives can be significant in the society of nursing knowledge and disciplines (Whall, 1993).

Two nurses might view a fact regarding healthcare practice, but each will have a separate understanding because culturally, or, according to their way of life, the information is absorbed with different denotations. model assessments has endorsed nurses to illuminate the notable viewpoints to examine and to evaluate such knowledge, which in essence has driven nursing to become a developed discipline in the educational field of structural nursing epistemology (Whall, 1993). The mutual influence in social organization is language, and it's the central focus of feminist poststructuralist theory and its consequence on clinical decision making (Hall-Long, 2009). Also, political institutions may prevent women from receiving antagonistic evaluation and inclusive treatment due to bias policy making decisions. Therefore, women nurses are needed to fulfill the gap in making policy decisions and face the perspective challenges grounded on understanding the paradigms for, particularly, women's healthcare (Hall-Long, 2009). This can be useful in preventative and treatment of women coronary heart disease.

Having women nurses involve in this prospective will provide more understanding to create groundbreaking interventional approaches, ultimately, to decrease the mortality of females who had acute coronary occurrence. Comparatively, this feminist prospective will challenge health institutions to give more considerations, specifically, to the metaphor of

symptoms of myocardial infraction in females versus males (Arslanian-Engoren, 2002). When nurses get provided with good training, tools, and hands-on exposure to decision making early in their careers, they would develop the skills to make great contributions to such decision making throughout their careers consequently, strengthening the structure of healthcare process.

They will also be susceptible to take on justifiable and positive decision-making obligation at multiple levels of the workforce (Whall & Hicks, 2002). In conclusion, nurses should be taught during their course of education and clinically, to evaluate models of positive recurrence of productive patient's healthcare and to effectively maximize on patient care results, considering the aspects of ethical, psychological and social resources. Nurses who are prepared to speak to all levels of resource allocation to influence government and policy makers, beyond the bedside, will reinforce health care (Meleis, 1991).

References

Arslanian-Engoren, C. (2002). Feminist Post-structuralism: A methodological paradigm for examining clinical decision-making. *Journal of Advanced Nursing*, 37(6), 512-517.

Ctools Hall-Long, B. (2009). Nursing and public policy: A tool for excellence in education, practice and research. *Nursing Outlook*, 57(2), 78-83.

ctools Malone, R. E. (2005). Assessing the policy environment. *Policy, politics, and nursing practice*, 6(2), 135-143.

ctools Meleis, A. (1991). From Can't to Kant: The fantastic voyage. In A. Meleis, *Theoretical nursing: Development and progress*. New York: J. B. Lippincott,

pp. 49-70. tools Peterson, S. J., & Bredow, T. S. (2013). Middle range theories: Application to nursing research (3rd ed.). Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins. Whall, A. (1993). ' Let's get rid of all nursing theory.' Nursing Science Quarterly, 6(4), 164-165. tools Whall, A. L., & Hicks, F. D. (2002). The unrecognized paradigm shift within nursing: Implications, problems, and possibilities. Nursing Outlook, 50(2): 72-6. tools