

# Good theoretical and ethical basis for practice research paper example

[Education](#), [Discipline](#)



## **Introduction**

It should also be noted that nurses in the practice of labor and delivery draw their knowledge from an in-depth pool and wide base of nursing expertise. This extensive approach is in combination with clinical expertise to avail a measure of care and support that exceed normal personnel. They hold the capability of effective implementation of strategies for patient management in the low and high risk patients. They additionally hold the capability of assessment, planning, implementation and evaluation of plan care in an individualized approach. This case is operating on the basis of certain women being held in regard of the physical and psychological requirements with the inclusion of desires as well as labor procedure expectations.

## **Defining the Phenomenon of interest of the nurse as a patient advocate in labor and delivery**

The Phenomenon of Interest of the profession of nursing and delivery is maintained in the continued availability of labor support by nurses that are professionally registered. The support they provide is a critical aspect in the improvement of birth outcomes with the experiences of childbirth involving the intense physical and emotional scenarios with lifelong implications. The perceptions of labor care and support are considerable within the realm of nursing functions as well as the held notion of it being incumbent on health facilities to avail a setting(Ruek & Motyka, 2009). That provides encouragement to the unique relationship between the patient and the nurse in the course of childbirth. Therefore, it is only nurses that are registered in combination of adequate formal nursing education as well as clinical patient

management skills to which skills and experience are associated with in availing physical and psychological care to women in labor. It should also be noted that due to the education that is comprehensive as well as experiences, the capabilities of registered nurses in provision of increased skills will remain in a technical approach with emotional care complexities. Nurses in this case they operate in such facilities involving childbirth procedure can be viewed as collaborative partners in labor with women (Risjord, 2009). The expertise carried by such nurses as well as their mere therapeutic presence is influential in the satisfaction of the patient as well as their family following the experience of successful labor and deliverance, Women who are availed with continuous support in the course of labor experiences will enjoy labor improvement and delivery outcomes. When placed in comparison with those facing labor without the skills of support staff. In this case, this can lead to shorter labor durations, reduction in the usage of analgesia/anesthesia and reduction in the vaginal delivery operationally or cesarean section. Other outcomes would include reduction in the requirement of oxytocin as well as high satisfaction with the experiences of child birth.

The support availed by professionally registered nurses needs to comprise of assessment and management of physiological and psychological labor procedures. This involves availing of emotional support as well as measures of comfort with fetal well-being in the course of labor evaluation and instructions concerning labor procedures. Additional requirements include patient advocacy in the terms of clinical assessment and outcome evaluation form collaboration among professional members within the health care team

assigned. This is established with role modeling towards the facilitation of participation of the family in the course of labor and birth (Rashotte & Carnevale, 2004). This also include a direct approach to collaboration with other health care team members towards the coordination of care of the patient. It is on this background that we examine the present health care setting with the varied aspects that can be influential to the ability of the nurse to avail bedside and labor care. This is with the inclusion of numbers in limitation of the availed experiences of nurses that are registered as well as financial resource limitation. Additional factors include rigid organizational procedures and frameworks with cumbersome documentation needs which have lowered the reimbursement of third party payers.

Therefore, advocacy is seemingly poised at providing a challenge to healthcare entities to persistently evaluate the impacts of patient-to-nurse ratios within resource utilization, general operational experiences and outcomes of the patients as well as satisfaction of the patient. This is in augmentation of the support provided by advocacy in terms of evaluation models that can provide a measurement of the impact of professional nurses that are registered on matters such as indirect cost cutting which can lead to outcomes in reduced cesarean section rates, reduced labors as well as limited technological interventions. Furthermore, the advocacy in aimed at providing an encouragement of women and families alike towards requesting for labor support from nurses that is professional and registered. This also include those who are advanced in the nursing practice such as clinical nurse specialists, certified midwives or nursing practitioners as held in the regard for labor and birth(Becker & Niehaves, 2007). Studies within the arena of the

labor and delivery practice also reveal that care towards laboring women in progression provides continued support for efforts of research to extend documentation. The model also exploits essential responsibility levels of support for professional nursing labor sustainability for outcomes of maternal new born children in the augmentation of the likely financial benefits of this form of support within the health care system.

## **Grand theory discussion**

In the grand theory approach, the fundamental application of the Human to Human Relationship Model explains the interpersonal aspects that are applicable in nursing and this according to Joyce Travelbee, the fulfillment of the purpose of nursing is crucial and well established as per the dynamics of changing values in the nursing environment. In this practicable solution, the metrics of the Human to Human Relationship model exploits important components in suffering which are thought to be based on varied intensities, duration as well as depth. In a wide range of factors which range from mild, physical, transient health to mental discomfort, the overall meaning is attributed to an individual. The substantial evidence in varied ways, the nursing practice in this theory is fundamentally guided by the essential ethics and functional principles incorporated into the practice and which enables a patient to find meaning in life. The proactive approach mentioned in Becker & Niehaves, (2007) explains that faith is important and it instills the livelily characteristics of hopeful life ranging from future orientation, confidence building among other comprehensive goals. The system composition highlighted in one own undertaking defines the theory form an

ethical perspective and its values in softening and or lessening suffering in a more dignified way. Its application in the nursing practice therefore generates the appropriate levels of fulfillment, a crucial factor in echoed good nursing practices.

### **Fawcett's Meta-paradigm of Nursing in relation to the paradigm directly to the selected Phenomenon of Interest**

In application of nursing theory practices, it was established that the nurse must hold certain knowledge of the theoretical operations of nursing professionalism. In this context, theoretical works in the nursing arena are based on the overall categorization in a philosophical view, conceptual modeling and middle range theories. All of this is dependent on the degree of abstraction as the greater part of abstract within theoretical works concerns the nursing philosophies that are preceded by conceptual models (Sjostrom & Dahlgren, 2002). It is at this point, that we are introduced to the Fawcett's Meta-paradigm of nursing as a discipline that is held in consideration as the highest degree of abstraction. In definition a metaparadigm is the greatest part of the global perspective within a discipline that concerns the global concepts in identification of the phenomenon that is central to the discipline with global propositions that provide a statement of the relations between or among concepts. Specified disciplines are singled out with interest that is phenomena as it is concerned with the unique numbering of concepts and propositions in identification and interrelation of such phenomena that is greatly abstract within the metaparadigm discipline compared to those identified within conceptual models. In this case the members who are nursing practitioners permit the

discipline to provide a perception of the interesting phenomena in varied approaches (Risjord, 2009). Therefore, whereas varied proposals search for the definition of what needs to be included within the metaparadigm concepts of the nursing discipline. With the greater part of scholars permitting the centralized concepts within the discipline of labor nursing being environmental and health related.

### **Middle-Range Theory Discussion**

In the middle range theory, nursing in its own is a Meta theory that searches to provide assistance to the contextualization of nursing. The Unpleasant Symptoms Theory (TOUS) is a developed middle range nursing theory which has established mechanisms in the nursing practice. This theory is fused into the wide range of nursing practices and is interlinked with varied integrated reach work in several systems which could interact hence becoming multiplicative. In view of the theoretical position of this theory, symptom models were researched on with several levels of research positioning being established comprehensively to develop a unified understanding of symptoms and their causative agents. These assumptions in the nursing care provided a similarity evaluation between symptoms in order to generate an overriding understanding of the concurrent occurrences as may be the case in the multiplicative impacts which hence help to establish the performance levels of symptoms and which thus reflect on the overall disease management specifications. This is because in overall as nursing is held in reference to any medical treatment that is hands on within the operational basis of nurse to patient, the paradigm stands of compassion with the

reasons being to drive behind the nursing profession which is to provide assistance to those suffering. In extending the concept, labor nursing in this case is the intense ethical and emotional paradigm that roots itself as a profession with a personal collection of rewards.

Fawcett formulated a nursing metaparadigm in representation of nursing being commendable to efforts of consolidation for nursing theories in competition as well as the encompassed potential that is enormous for advancing nursing knowledge, research as well as merited practice with substantial consideration in the arena of scholarly nursing. Her response was to place emphasis on how she attained this assignment, how well it was undertaken as well as what was not done and what was needed to be accomplished (Yilmaz & Kaya, 2010). In essential, Fawcett's metaparadigm can be held in the view of being evolutionary as well as organizational growth of nursing knowledge instead of completion of a project and product finalization.

Her assignment is based on the examination of the concepts in derivation from the disciplinary phenomenon. With convergence into such concepts on the basis of a context strongly associated to the nursing domain through the provision of a structural metaparadigm with the likely consolidation on the basis of disparate nursing theories that are converted into an approach that is unified in theoretical development. We can also observe that this complicated nature of the subject is rendered in a state of difficulty in regards to couching even within the framework that is reasonable. This is provided with the awareness of the likely impact on nursing research quality as well as practical discipline that is inadequate of the essential component



in the scientific knowledge sourcing in the traditional Popperian notion. In the case of labor and delivery nursing, the approach taken is one based on abstract construction that renders explicable sophistication to a methodological audience with the requirement of a foundation that is sound towards the theoretical foundation. The initial step taken is observed in the attempt of eliminating certain ambiguous nursing theories that surround the clarification of the four elementary arenas of concept congruence (Ironsides, 2008). In delineation which include person who in this case is the expectant mother, environment which the hospital/maternity ward, health which concerns matters related to maternal health such as cesarean section rates and labor reductions. The final aspect is nursing which concerns the practitioners in the arena of labor and delivery nursing.

## **Complexity Science**

The confidence built in the extension of complexity concepts have generated a deployable approach which is explicitly expounded by exercising the concept of social theorems. This principle provides a loosening group of ideas which are not synthesized and thus there is no known unified theory in various research streams in biology, social structures and dynamics. These considerations establish skeptical perspectives within which the interest of an essential nursing environment. Thus, the concept of overhasty adoption specifically underlines complexity thinking and the fading of intellectual thinking. The evidenced analogy which have motivational factors guiding perceived levels of bearable striking resemblance in the management model define a trend in Duncan et al., (2006) which is core and one that has the

complex radical rhetoric. In parts, the relevance of complexity science is drawn from the varied applications entrenched in people's minds and which are quite realistic in situations where there is an observable complex terminologies, undertaken retrospectively. Peters and Waterman (1982) indicates therefore that significant accounts of complexity systems are valuably explored in nursing and the phenomenon itself could typically be explored within the metrics of Occupational Theoretical environment.

### **Ethical framework:**

The examination of the ethical framework is established within the changing attributes in ratified ideas in healthcare including complex systems and inclusive form of representation within which the scale itself is functionally established. The significant level of the entire approach involve the differentiation of the core components reflected in unilateral behavior, motivations as well as shared decision making processes. Whereas the congruence of these concepts is based on the implication of harmony and consensus it does not hold the assumption of common application as well as the universal acceptance of the meaning of specified concepts. Nor does it place validation or testimony with regard to the usefulness of the concepts as it is worthy to note that examples in citation of the congruence of concepts are centered on health and environment. The theory as such provides evidence of the disagreement that exists within the multiplicity of definitions of health whereas the varied conceptualizations of environment are maintained in the greater ill definition of the entire centralization of concepts. In which case, one is compelled to come to agreement with the

identification of the conceptual theory as not being equivalent to the acceptance of the applied meaning as well as contextual concept. On the other hand, extended specification of the concepts is not likely to be legitimized in terms of functionality on the basis of the metaparadigm (Aponte, 2012). In surety the theoretical metapardigm of Fawcett exceeds the systematic identification as well as formulation of the concepts and themes that are required to present a demonstration of evidence of external validation. The definition of Fawcett is based on the metaparadigm discipline within the faction of statements that allow for the identification of the relevance of the theoretical phenomenon in action as a developmental framework. With consistent structures that concern the metaparadigm which further presents the suggestion of this theory being applicable in the organizational structure of the labor and delivery nursing.

Such definitions are in coincidence in overall with the distinction made by the metaparadigm theory within the conception of metaphysical paradigm as well as the explication that availed Fawcett with considerable latitude in the extended development. Within which the capsulated spacing can be extended or restricted to complete the structural development. However, Fawcett's theory fails to provide reconciliation with the variations within the orientation of the models of nursing in citation and consequent obviation of the critical need of addressing desperation of international perceptions and metaparadigm values (Ruek & Motyka, 2009). In being integral in the metaparadigm quality towards scientific contribution that provides dictation of the evolutionary methodology of metaparadigms. The endeavor is made to place commonality within the theories that compete as well as concept

formalization and metaparadigm themes that are meant to comprise of the unification in competition of the nursing theories. Conceptual nursing models are held in composition of abstractness and the overall conceptualization as well as propositions that avail a reference of frames for nursing practitioners in the labor and delivery nursing discipline for instance (Rashotte & Carnevale, 2004). These frame references provide a determination of the global perception of nursing practitioners of the labor and delivery discipline with guidance of practitioners as they present proposition of questions as well as making observations in relevance to the discipline. This has led multiple authors to formulate criteria for analyzing and evaluation of the nursing theoretical models and related theories.

## **Conclusion**

The nursing descriptions within the realm of collective bargaining as well as historical transformations in the era of reimbursement present one with the consideration of American Nursing Association codes. These avail clue to the angst in association of collective bargaining with over a half of the code provisions being rich in implications for care, respect, collaboration and creative attitude which are extended beyond relationship isolation among nurses and patients. Even with this collective action and advocacy as noted within the codes of the American Nursing Association create a provision for participation in adversarial procedures in traditional labor relations that are not part of the elementary fabric. This can be held in consideration when the code is an essential component with the consciousness that is collective in the nursing discipline. This is established on the basis of the seemingly sense

for intellectual richness and practical texture that avails the foundation of collaboration based on synergy. This is also established in various ways as well as with other creatively solving challenges that arise in the historical complexities.

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