



Theoretical Perspectives of Nursing Education

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Abstract. Nursing theory is defined as "the creative and rigorous structure of ideas that present a temporal, purposeful, and systematic view of events." Through proper investigation, nurses can develop knowledge related to research or practice, improving the care of nurses. Nursing ethics are the functions of the field of nursing. It is a branch of the handling application protocol. Nursing ethics with medical ethics share multiple policies, namely respect for good, harmlessness and autonomy. The importance of relationships, by human dignity and collective care, this can be distinguished. The nature of the nurse is to examine the ethics of care rather than the 'cure' of nursing ethics by examining the day-to-day interactions between the nurse and the person in care. Preliminary work to define protocols in nursing, rather than focusing on the nurse's behavior in relation to the person in nurse care, historically involving loyalty to the physician. Focused more on the virtues of making a good nurse. In recent times, nurse ethics has come to respect the human rights and dignity of the patient. This has further shifted towards the duty of nurse, this is reflected in many professional codes for nurses. For example, the latest code of the International Council.

Keywords: Nursing, Nursing Theory, Nursing Education, Nursing Practice.

1. Introduction

Nursing is the protection of health, skills, and promotion; Disease and injury prevention; Alleviating suffering through the detection and treatment of human responses; Advocating for health care for individuals, families, communities and people. Professional introduction reveals the nurse's responsibility to the patient. It increases the visibility of the nurse's knowledge and expertise, helps to highlight the responsibilities of nurses and the purpose of nursing training, which are often not well understood by the general public. Nursing involves improving health, preventing disease and caring for the sick, disabled and dying. Advocacy, improving the safe environment, research, Participate in health policy making and management, education of patient, health systems are key medical roles. A nurse is a patient caregiver and assists in managing physical needs, preventing disease and treating health conditions. To do this, they need to monitor and monitor the patient and record any relevant information to assist in making treatment decisions. Our compassion, Honesty, daringness, trustworthiness, emotional stability, empathy and compassion these are all part of being human on an individual level, and serve us as nurses. Demonstrate strong communication skills enable patients and co-workers to communicate, sometimes during their worst life moments. Medical science has come a long way in allowing patients to live longer. Nurses are just as important to patients as they are to physicians in the medical process. Nurses provide physician recommendations to improve the health of their patients. Nurses do not acquire their exceptional skills overnight; At the Nursing School they work hard and their patients learn the latest medical information to deal with their health issues.

2. Nursing

The development of nurse knowledge and interventions involves understanding human responses and needs, and the human response to belief has also been identified as a concept of Donficanhan, the purpose of which is to review the definitions and contextual application of the word 'hope'. Answer the ideological question 'What is the literature of faith, theology, philosophy, psychology and nursing have been reviewed for contextual use of the word' faith '. In addition to the meaning of life, the precursors, attributes and effects of faith have been identified from the literatures that help to understand the concept clearly. [1] The nurse is a caregiver. Concern involves empathy and contact with people. Teaching and modeling Nursing is a curriculum challenge. Including the five core values of professional nursing Care is best demonstrated by the ability of a nurse. The core nursing values required for undergraduate education are human dignity, Includes integrity, autonomy, virtue and social justice. Concerned professional nurse integrates these values into clinical practice. [2] Swenson attributed this change in the doctor-nurse relationship, Brought about three major changes in the negotiation environment, this can directly affect patient care outcomes provided 'space' for nurses to explain organizational rules. First, the prevalence of chronic diseases has changed he argues from preventing death to shifting emphasis on living, Introduces the social dimension of health care. According to Swenson, by focusing 'community' on holistic care Nurses are empowered to contribute to patient management. Second, Swenson says change assignment to group nursing has transformed the nurse-physician relationship. Group-nursing facilitates an intimate nurse-patient relationship, because nurses are responsible for fewer patients. Furthermore, the nurse's knowledge of the patient is not passed on in a two-step process by the ward sister, but is given directly to the doctor. Third, the introduction of multiple wards in the sitting round, Physicians and nurses can discuss their patients before the 'walking' round Swenson argues that provides a forum with nurses talking to the doctor and influencing patient management decisions. [3] The focus of the original study was the professionalism of the nurses Passed

daily on power; Nursing work through the analysis of five nursing pottery Reviewed by: Nurse-Physician; Nurse-patient / relative; Nurse-nurse nixrse-Support Staff and Nurse Management. However, for current purposes, between nursing and medicine I am going to focus on border related data. My purpose is to develop Svensson's analysis: Nurses in the hospital setting and I will explore some aspects of the work of physicians, they prevent negotiations between professionals, but this has led to a shift in the medical-nurse sector workforce. The implications of these findings for the negotiation order perspective are considered, and through 'negotiation' by researchers working within this tradition the question arises as to what they understand and how it can be studied. [4] At the inaugural meeting of the Working Group on Working in nursing research, team members brainwashed into what the 'value of nurses' is. Nurses, Health Managers, Physicians And other professionals, citizens, policy makers, Such as current patients and nursing educators Examples of nursing as a social and / or work and / or professional role in the minds of various stakeholders. 'Value' can be defined, for example, Between polar opposites such as social benefit In terms of degrees / ineffectiveness, valuable / inferior status, accomplishment / accomplishment, competent / incompetent, respectable / disrespectful, opportunities for advancement / non-disabled. Some virtues / some virtues are not required, supported / unsupported, autonomous / pro and so on. [5]

3. Nursing Theory

The various benefits to the development of nursing theory are related In Positive, Interpretive and Critical Theory Attitudes for various research studies. Nursing research health promotion conducted within the postpositionist paradigm, contributed to disease prevention and vocational training. For example, Fay and Yarandi (2004) found that African American women are low-income; they were found to be at higher risk of depression due to lower education and living in rural groups. Treat-Jacobson and Lindquist (2004) after cardiac bypass surgery required to achieve operational benefit they found that the intensity of exercise was lower than many people realized. A study of the knowledge and attitude of nurses caring for AIDS patients provided basic data for determining appropriate educational interventions for nurses. [6] Professional nurses are concerned with Development and advancement of nursing research, including relationships with nursing theory. However, the relationship of nursing with nursing in nursing, Not adequately cared for by the nursing profession. The nature of the nursing science and its subjects and content these relationships need to be clarified before they can be properly identified and understood. Nursing research and its results, when unrelated to the science of nursing, often stand alone in the study question. Even in the early stages of development, Nursing scientists have identified areas of study with organized content, As well as to create content on the science of nursing Unanswered questions for researchers to explore. [7] Lack of self-care using the language of nursing theory, there is a lack of self-care in individuals associated with the simple expression of the proper meaning of nursing, the nature of their health or their health needs. A self-care deficiency reveals the relationship between individuals' Treatment self-care requests and the powers of their self-care agency, in which the agency does not equate knowing and fulfilling their treatment self-care request. Factors associated with inadequacy these are called defensive limits. These statements about the true meaning of nursing, the exact meaning of nursing as a section of the legitimate needs of society, Indicates that it is also beneficial through nursing. Nurses personally design and manufacture nursing systems it is the population within the community that is the center of their intellectual endeavors and research. This is the population that nurses study in their work as nursing scientists. Lack of self-care practice by nurses the continuous development of the nursing science will move from the foundation to the established science through the application of the nursing theory depends on the nursing thinking ability of the nurses. Nurses who know what they are doing help nurse practitioners To add and verify nursing knowledge in nursing science subjects. Incorporating nursing knowledge in this way is for nursing students Contributes to the absence of the most unfortunate, who have to study and master a science and continue to develop. [8] Leininger's Cultural Preservation Theory: The purpose of the theory of cultural preservation It is presented as follows: In relation to the worldview, social structure and other dimensions quoted Discovering Human Care Diversity and Globalization, and then culturally to people of different or similar cultures finding ways to provide similar care. Facing death in a way that is culturally appropriate to maintain or restore their well-being and health. [9] Watson's theory of human care: Jean Watson's Theory of Care First Nursing in 1979: Published under the title The Philosophy and the Science of Caring. This book marks the early stages of the development of his theory; it was expanded 6 years later into Nursing: The Human Science and Human Care. Watson describes nursing as a human science; the main focus is on the human care process for individuals, families and groups. His theory is based on a form of humanity and its origin is psychoanalysis. [10]

4. Nursing Education

Nursing education and care can be oppressive and dominant than community despite known structural variables focuses on transforming the individual. Cultures in a global community are not as unique and invasive as they once were. Complexity rules and its demands can be enormous. Homogeneous and cultural dominance professionally creates a controlled environment and presents little challenge. However, current theories and research to improve the cultural education of nursing can provide the necessary guidance. [11] Nurses do not find it easy to stand on their own two feet, However when acting as a lawyer for patients Nurses are often easier to exercise their reasonable authority. One may question whether they are nursing teachers can exercise their own legal authority. What is the basic message spread by nursing teachers to students? Were nurses socialized without a voice by teachers who felt they were oppressed? The existing nursing education system will be strengthened It is argued here that there is risk the obedience level of nurses. [12] Based on current nursing education the philosophy of education is in the philosophy of education, this is now widely questioned. The philosopher Brenda Almond criticized relativism as an 'ideology' that currently exists in our schools and colleges'. Relativity

is right and wrong, true and false Differ with the opinions of some groups. The idea of external or objective action is rejected. [13] Nursing education was transformed into higher education. The question that needs to be clarified is whether the same reasoning applies to nursing education, as teacher education is considered to will improve if removed from higher education. There may be an issue between the relationship between theory and practice, the relationship between the theory being taught and the practical needs of the service (It could be school students or patients). The nurse's practice of meeting the patient's care needs how effective is nursing skills? [14]

5. Nursing Practice

Nurses with or without professional status are responsible for the development of nursing science. Gaining expertise also requires a focus on the science of nursing, a focus on nature, structure, content and domain, and an understanding of the facts that define the domain of nursing practice. [15] Defining what they do Often difficult for nurses, so it's what makes nurse training. Many have discussed the nature of nursing, while others have spent time questioning their own knowledge and skills and defining their own practice. An example of this is by Nancy Roper, Winifred Logan and Alison Tyrney the 'Activities of Life' model created, it is also about the medical experience of student nurses Derived from the findings of the research project. [16] This model is for nurses by British nurses Is the first attempt to develop an ideological model, And it was widely used in a range of medical and educational institutions in Great Britain. The physiology of each of the 12 life activities, Nurses need knowledge of social and psychological aspects and lifelong developmental progress; the skills they deserve, Attitudes for comfort are also needed, educate, and implement medical recommendations to meet the needs of 'search' and 'prevention'; Moreover, Those who cannot do that need the skills to do life activities, At the same time helping them deal with their dependence. However, when immersed in theoretical propositions, the basic reasons for being a nurse are so easy to miss. In simple terms, for patients and clients Nurses are there to provide medical care, or as Pearson puts it, 'the presence of nurses is to provide a nursing service for those in need of nursing, seeking or being guided'. Is to provide training or service Jack says nursing is the beginning and the end that the procedures surrounding or closing it are meaningless. Nursing is a practical, but complex practice in nature. Many nurses know what they are doing this problem is exemplified by the difficulty in interpreting Rhea. [17]

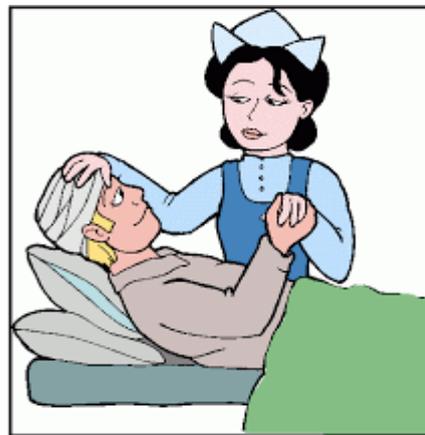


FIGURE. 1 The nurse who carefully cares for the patient

Nurse training is overseen by external agencies such as the Joint Commission; it regulates and measures definitions on a regular basis with real effects on the health care system. This supervision is not recommended in nursing education, it is practical. In how nursing education is provided and evaluated we feel the unique need for a revolutionary change, and simulation plays an important role in its new implementation. Many current and growing in the field of simulation nursing leaders are making their voices heard in this restructuring of nursing education. How we measure teaching ability and new professional teachers we need to consider. Expertise in new strategies for delivering content and skills to be recognized and rewarded. As France sky put it, "Today's students are not people designed to teach our education system." It's time for nurse education should be placed in parallel with nurse training in Entitled to every citizen Efforts to meet the standards of health care, and that simulation continues to play a greater role during this transition. [18] There can only be indirect implications for the practice of mental nursing, and the discourse on which it is based has direct implications. Because this discourse shapes beliefs about psychiatry, it shapes the knowledge and values of psychiatry and affects all relationships within psychiatric services. Mental health services financiers provide only services for those mental illnesses and are classified within the discourse and only fund the treatments it prescribes. Psychiatrists are given more authority because they have a direct connection with their conversation. Psychiatric practice is significantly affected by psychiatric discourse. The relationship between the consumer of psychiatric services and the psychiatrist inevitably reflects the way psychiatric discourse builds the relationship - the sick person should seek the advice and guidance of an expert with professional knowledge. [19]

6. Conclusion

Nursing is an ethical work that is needed all over the world. It is a way to take care of and help people in the modern age and increase the way people behave. Nursing is very ethical, each patient is cared for differently and has different choices according to their ethics. This analysis examines whether registered general nurses, in terms of competence, have reached the specified minimum standards in Practical knowledge and skills required to care for patients. Nursing education seems to be directly related to the prevailing educational ideology Vacuum detected. This has significant implications for both patient care and nurse confidence, As well as to define what are extended, advanced or specialized stages of nursing training for the current efforts of the industry. In today's world the trends and issues affecting nurse care are changing, complex and ever increasing. There is a belief that nursing leads to a quality movement when it comes to hygiene. This is because nurses often care for patients. Thus, it is essential to empower them with good products to enhance care and services in maintaining quality patient care. This article presents discussions about the medical ability of graduates. Nurses in the emergency department in Saudi Arabia. It also provided discussions on how learners, nurses and mentors in the emergency department can help. It is recommended that teachers, nurse educators and mentors participate in programs for professional development. This article also addresses issues that may arise as a result of relationships between learners and teachers, nurse educators, and mentors. These act as barriers to achieving a good learning environment in nurse training. Hospitals in Audi Arabia have recommended strategies for improving the positive learning environment.

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