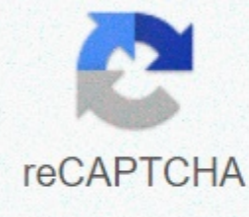




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## Purpose of nursing theory in research

Change means making something different. It may be planned or unplanned. Unplanned changes bring about unpredictable outcomes, while planned change is a sequence of events implemented to achieve established goals. In nursing, a change agent is a person who brings about changes that impact nursing services. The change agent may be a nurse leader, staff nurse or someone who works with nurses. Change theories are used to bring about planned change in nursing. Nurses and nurse leaders must have knowledge of change theories and select the right change theory as the available change theories in nursing do not fit all nursing change situations. Kurt Lewin's change theory is widely used in nursing and involves three stages: the unfreezing stage, moving stage and refreezing stage. Lewin's theory depends on the presence of driving and resistant forces. The driving forces are the change agents who push employees in the direction of change. The resistant forces are employees or nurses who do not want the proposed change. For this theory to be successful, the driving force must dominate the resistant force. Everette Rogers modified Lewin's change theory and created a five-stage theory of his own. The five stages are awareness, interest, evaluation, implementation and adoption. This theory is applied to long-term change projects. It is successful when nurses who ignored the proposed change earlier adopt it because of what they hear from nurses who adopted it initially. This is an eight-step process for planned change based on Lewin's theory of change. It makes provision for constant evaluation of the change process to ensure its success. The steps are: recognize the symptoms, diagnose the problem, analyze alternative solutions, select the change, plan the change, implement the change, evaluate the change and stabilize the change. Reddin's, Lippitt's and Havelock's theories are based on Lewin's theory and can be used to implement planned change. The first two have seven stages, while the third has six. An article titled, "Managing change in the nursing handover from traditional to bedside handover – a case study from Mauritius," details the use of Lewin's and Spradley's theories to implement a change in the process of shift handover reports between nurses, which generally happens twice a day. The driving force in this case was dissatisfaction with the traditional handover method, while the resistant forces were a fear of accountability, lack of confidence and fear that this change would lead to more work. Evaluation of the implemented change showed that the new process was successfully implemented. By Chron Contributor Updated August 26, 2020 Doctor's offices often participate in large studies funded by pharmaceutical companies to test new medications. Running a study requires an overseer, someone to keep meticulous records and to manage patient visits. In many offices, that person is a nurse, who acts as a clinical research coordinator. In offices that do many studies each year, this may be her only job, but if the office just does a few studies, she might do this job in addition to her other duties. Nurse research coordinators also work for pharmaceutical companies or research facilities. A clinical research nurse coordinator works under the study's principal investigator. In a doctor's office, the doctor is the principal investigator for the study. The nurse screens patients, explains the study to them and schedules patient appointments. The coordinator must keep accurate records of adverse effects or positive benefits; send paperwork to the Food and Drug Administration and the facility sponsoring the study; keep track of medication; and communicate with the pharmacy, research facility or doctor's office that initiated the study. In addition, the nurse coordinator might draw and blood samples on a regular basis. Before the study begins, the nurse research coordinator may attend meetings to learn about the study. A nurse research coordinator must have a nursing degree; most research coordinators are registered nurses, although some might be licensed practical nurses, or LPNs. In many offices, the training for an RN study coordinator position happens on the job. The principal investigator or the sponsoring facility provides training on how to file paperwork with government agencies; safely store and administer medications; and schedule patient visits within the required time frame. The nurse might also take courses designed for research coordinators. A RN research coordinator can take the clinical research coordinator's certification exam if she meets certain criteria. To take the exam, a nurse must have at least 3,000 hours of documented experience in six content areas: Scientific Concepts and Research Design, Ethical and Participant Safety Considerations, Product Development and Regulation, Clinical Trial Operations (GCPs), Study and Site Management, and Data Management and Informatics. A clinical research degree may be substituted for 1,500 of those hours. Certification is not required to work in clinical research but can help you in your job search or to advance in the field. In most doctor's offices, the clinical research nurse coordinator's salary will not differ from that of any other nurse hired by the practice. If a nurse works for the research facility, her salary will generally be in line with other nursing salaries in the region. The median RN salary in May 2019 was \$73,300 a year, according to the Bureau of Labor Statistics. An LPN made a mean annual salary of \$47,480. The job outlook is expected to grow faster than average as the aging baby boomer population adds to the demand for healthcare services. what is the purpose of nursing theory. why is nursing theory important in research

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