

# **Yale University School of Nursing**



## **Scholarly Inquiry Praxis Manual**

**2008-2009**

**N525 a/b**

**N721a/b**

## **PLAGIARISM**

### **What is plagiarism?**

- It's the use of another person's work without acknowledgment with the intent to pass it off as your own
- Buying, stealing, borrowing, or otherwise obtaining all or part of a paper; hiring someone to write a paper
- Submitting the same paper for more than one class
- It is a serious offence, and it's easier to track than you might think

When cases of plagiarism are brought to the attention of the YSN Dean, each case undergoes intense review. Disciplinary action for plagiarism can be anything from reprimand, to probation, suspension and expulsion.

### **No excuses:**

Policy #32 *Personal Conduct Policy* discusses integrity expectations of students. It should be read and understood and then signed by all students at YSN.

Policy #33 *Disciplinary Procedures of the School of Nursing* gives further details regarding the course of action for violation.

### **Types of plagiarism**

#### **Complete Plagiarism**

- submitting someone else's work as your own
- unacceptable – even correct attribution will not cover this as the work belongs to someone else and as such must be enclosed within quotation marks with the page number noted along with the in-text citation.

### Near-complete Plagiarism

- lifting the bulk of someone else's work and interspersing own comments
- unacceptable – the work is mostly someone else so attribution will not cover. If verbatim words are used, they must be in quotes and cited properly with source and page number.

### Patchwork Plagiarism

- taking bits and pieces from several places and piecing them together as a single work
- unacceptable – the ideas cannot be passed off as your own - all authors of the original works must be cited.

### Lazy Plagiarism

- using other's language or words without attribution
- using material from other sources as if it was your own research
- leaving out footnotes or citations, deliberately or otherwise
- Unacceptable – other's ideas MUST be acknowledged

### Self Plagiarism

- using an assignment from one course to satisfy another
- not getting approval from instructor to use previously completed, or partially completed work as the starting point for new work
- unacceptable – instructors should be aware of the origination of all research and papers

### **How to avoid plagiarism**

#### Research

- when keeping notes write other's ideas in your own words unless you are going to directly quote

- keep accurate information about sources including details such as page numbers, and use it to attribute other's work. **NEVER** copy and paste text from another source into the text of your paper unless you are planning to quote directly and appropriately cite with source and page number.
- acknowledge other's ideas keeping them separate from your own
- if your conclusions are the same as someone else's acknowledge consensus ensuring attribution to the other person

### Writing

- organize your piece in an original way, unless it is a research report that has a required format
- give exact attribution for all ideas that are not your own
- use quotation marks when necessary and provide page numbers for exact quotes and web addresses for online sources
- all citations should allow the reader to find the material quoted

### Editing

- Is the language you own, even the paraphrasing
- Is the idea your own?
- If no to either of these acknowledge the source or rewrite to reflect your thoughts and wording

**Remember:** Instructors reading your work have a very sound knowledge of the field of interest you are writing about and can recognize the use of other's work. Also, it is easier than ever to find the source of plagiarized material.

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## General Guidelines for the Master's Scholarly Inquiry Praxis

The preparation of clinical nurse scholars who have primary responsibility for evidence-based practice is begun at the Master's level. Graduate education in advanced practice nursing emphasizes the increasing acquisition of conceptual abilities, knowledge management, and the use of evidenced based guidelines when delivering care. The writing of the praxis is designed to provide an opportunity to integrate knowledge of nursing management, the health care environment, leadership and scholarly inquiry in the study of an important clinical problem.

All students are required to complete a Scholarly Inquiry Praxis for the Master of Science in Nursing degree. Four praxis options are available. They are:

- 1) State of the Science Paper, which may be a
  - a) Clinical paper
  - b) Integrative literature review
  - c) Concept analysis
  - d) Clinical case study
- 2) Aesthetic Production
- 3) Thesis

The goal of the praxis is, in all cases, to add to the student's knowledge in both research and practice. Accordingly, papers must relate directly to practice or they must have clearly outlined relevance to practice. Students are encouraged to build on previous empirical research as in the replication or extension of studies as well as in the continuation of an ongoing line of inquiry. Students are also encouraged to work with YSN faculty in their current scholarly activities. Very often, portions of ongoing scholarly work can be tailored for student research.

All options provide a wide range of acceptable approaches to meeting the praxis requirement. The specific problem under study, the strengths of the student, and availability of faculty support dictate which is the best option. Students choose one praxis advisor who has primary responsibility for the direction of the praxis. It is expected that the student and the praxis advisor will seek consultation as appropriate from other faculty members. The praxis, which is to be completed in the final year of specialization, is designed to provide an opportunity to integrate knowledge of nursing management, the health care environment, leadership, and scholarly inquiry in the study of an important problem. It is expected that students develop their scholarly interests along with ongoing research efforts at YSN faculty. Building upon programs of scholarship adds to the scientific knowledge within nursing.

The required research course work provides students with the statistical and methodological foundation upon which the praxis is built. N525a Nursing Research as a Basis for Evidenced Based Practice and N525b Praxis Seminar (taken in the Fall and Spring semesters of the first year of specialization), facilitate the process of defining an area of scholarly inquiry by teaching skills in the appraisal of research and theoretical literature. It is required that each student submit an acceptable paper as the final product of the Praxis Seminar in the Spring semester. Students are expected to have this paper serve as the foundation for their prospectus. If the area for scholarly inquiry is modified after the completion of the course, a new prospectus must be written and considered acceptable before the student may proceed with the praxis.

Each of the praxis options offers a rigorous experience in scholarly inquiry. In consultation with the praxis advisor, the student will explicate a clinical or research problem, formulate a specific question or set of questions, then determine the best method to investigate the questions at hand.

The requirements for format, appearance and bibliographic style can be found in the YSN guideline *Organizing and Typing Scholarly Manuscripts*. This document is invaluable in setting up the format for the Scholarly Inquiry Praxis document. It is posted on the praxis page of the YSN Library web site.

### *Student and Faculty Roles*

#### *Student*

The student is responsible for the progression of the praxis, from selection of advisor to final product. It is up to the student to determine which faculty would be most helpful in the development of the praxis. Students usually have preliminary discussions with faculty to determine common interests and congruent schedules. A list of faculty who are willing to serve as praxis advisors and their areas of interest is distributed in the Fall semester of the first specialty year. During the Spring semester, students are asked to indicate their preferences for advisor. Once the advisor is established, it is up to the student to meet with that individual and determine expectations. It is encouraged that the praxis advisor be involved in the development of the paper so there is little change required once the project begins. By September of the second specialty year, the student should establish a schedule for the completion of the praxis. Appendix A contains a sample checklist that may be helpful in structuring a time line. The student must keep the advisor apprised of her/his progress and meet at appropriate intervals, as agreed upon in the initial meetings.

#### *Academic Advisor*

Each student is assigned a specialty faculty member who serves as an academic advisor. The academic advisor may or may not function as the praxis advisor. Until a praxis advisor has been chosen, the academic advisor may assist in the early phases of identifying a topic, determining which of the options is most appropriate, and in choosing a praxis advisor. This process will ideally begin in the Fall semester of the first specialty year.

In brief, students are encouraged to work with their academic advisor in the following areas:

1. Meet early in the Fall semester to discuss general issues regarding the praxis.
2. Use the academic advisor as a sounding board for ideas. Aims would be:
  - a) to find an area of interest;
  - b) to work to delimit the interest so that the topic is focused;
  - c) to discuss why the topic is important;
  - d) to guide the early phases of literature review; and
  - e) consider who on the faculty may have ongoing research in which the student can participate and/or who could serve as a praxis advisor.

#### *Praxis Advisor*

Students should select a praxis advisor by the end of the Spring semester of the first year of specialization so as to have his/her input during the development of the paper that forms the foundation for the prospectus. The process of choosing an advisor entails meeting with the faculty member and both parties agreeing on the topic, appropriate praxis option, and timetable. **For all options, but especially for those students wishing to do a thesis, the faculty member must approve the chosen option and timetable.**

The praxis advisor has the primary responsibility for the direction of the entire praxis. It is expected that the praxis advisor and student will seek consultation from other faculty members as needed, concerning issues of either content or methodology.

It is the responsibility of the praxis advisor to assist the student in the development of an acceptable prospectus and a reasonable schedule for the work. The paper from the small group sessions in the 525b course provides the foundation for development of the prospectus but it may not be sufficiently developed to be considered a prospectus. For this reason the earlier the involvement of the praxis advisor the better. The advisor must be available by appointment for consultation with the student and return written materials within a reasonable amount of time (7-14 days or less).

The advisement process has two components: First, to help the student in planning, executing, and reporting a scholarly inquiry of nursing problem; and second, to judge how successful the student was in executing all phases of the study, not just the final report. **The report is considered accepted when the praxis advisor finds it acceptable.** It is the advisor's responsibility to determine whether the student has demonstrated skills appropriate to meet the degree requirements of the Yale University School of Nursing. Each student will receive a grade for the praxis.

#### *Grading of Scholarly Inquiry Praxis*

Each student, in the final year of study, is enrolled in N721a/b Scholarly Inquiry Praxis. Grades for both semesters of N721 are determined by the praxis advisor. N721a in the Fall term is graded on a Pass/Fail basis. To pass N721a in the Fall term, the student must have completed a prospectus which has been approved by the praxis advisor by the mid point of the semester. N721b in the Spring, upon completion of the praxis, is graded as Honors, High Pass, Pass or Fail by the praxis advisor.

The following criteria are intended to provide a guideline in the grading of the scholarly inquiry praxis.

1. Capacity to formulate a meaningful problem in the field of nursing. The formulation of such a problem can be based on any one or a combination of the following:
  - a. experience in clinical practice
  - b. reading of theoretical formulations
  - c. review of findings of previous empirical studies
2. Demonstration of initiative and insight in formulating the problem, as well as in designing and conducting the scholarly inquiry.
3. Capacity to design a work plan that will yield results directly relevant to the problem addressed.
4. Capacity to operationalize the work plan with reasonable efficiency.
5. Demonstration of the ability to achieve increasing independence in the formulation of the problem, as well as in the design and conduct of the work.

6. Demonstration of the ability to increase knowledge and skills by synthesizing and using ideas gleaned from practice, course work, and the research and clinical literature.
7. Capacity to write a clear and coherent exposition of each stage of the work, conforming to acceptable standards of scientific writing.

The praxis advisor submits a grade for the praxis to the Student Affairs Office. The grade is based not only on the final written product, but also on the process by which this outcome was achieved.

#### *Schedules and Deadlines*

The following steps are intended as a general outline. They will slightly vary based on the praxis of choice. The term data is used in a very general sense for what constitutes data, and data collection will differ based on the praxis.

1. **Development of the Paper** which provides the foundation for the prospectus usually occurs in the small group sessions of N525b in the Spring semester of the first specialty year (for GEPN students this is the second year of study). Further refinement can occur during the summer and first month of the second year. However, students must not assume that their faculty advisor will be available for consultation over the summer. Students are also reminded that advisors cannot be expected to critically review a praxis draft on short notice.
2. **Evolving the Paper** into a Prospectus usually occurs early in the fall semester of the second specialty year. Students should have their Prospectus approved by the praxis advisor as early in the Fall semester as possible. It is recommended that the Prospectus be approved by the end of September. **The absolute deadline for an approved prospectus is the mid-point of the first term of the second specialty year (See Policy #8.). A grade of Pass must be received in N721a Scholarly Inquiry Praxis prior to enrollment in N721b. Students who do not pass N721a Scholarly Inquiry Praxis at the end of the fall term of their final year cannot graduate in May and will be required to register for the summer. Additional deadlines may be set at the discretion of the Praxis advisor.**
3. **Application to YSN Human Subjects Research Review Committee (HSRRC)**, if applicable.

**ALL STUDENT RESEARCH INVOLVING HUMAN SUBJECTS MUST BE REVIEWED AND APPROVED BY THE YSN HUMAN SUBJECTS RESEARCH REVIEW COMMITTEE BEFORE DATA COLLECTION CAN BEGIN.**

The procedures followed by this committee are given in Appendix B.

4. **Obtaining official agency clearance for data collection** (if applicable). When the Prospectus is being developed, it is extremely important not only to determine what setting is appropriate for data collection, but also what review procedures are required in order to obtain permission to collect data in that setting. Some settings require formal and extensive review, which can take months to complete. Although initial inquiries about the availability of sites may be made before this, the official application should not be made until YSN HSRRC clearance has been received.

5. **Data collection**, if applicable, begins after approval has been received from the praxis advisor and appropriate Human Subjects Review Committees and Institutional Review Committees. If any modification is made to the design, a new application must be filed with the HSRRC and approved by that committee before data collection may begin.

Under no circumstances may data collection occur without either approval from the HSRRC or a Statement of Exempt status.

6. Plans for **data analysis**, if applicable, are outlined in the Prospectus.
7. **Work on the scholarly inquiry praxis** itself may begin at any time after the Prospectus has been approved by the praxis advisor and human subjects' clearance, if applicable, has been obtained. Students doing a thesis often work on revising the first two chapters (through the section on Methods) during the Fall Semester of the second year while they are collecting data. Drafts must be typed and in proper format. Reference lists must be attached. When data collection and analyses have been completed, the final chapters or sections are written and submitted. The praxis must and follow the YSN guidelines (refer to *Organizing and Typing Scholarly Manuscripts*).
8. Completion of the entire **first draft of the praxis** is due at a time determined by the advisor and student during their early planning consultations. **At the latest, the first draft must be submitted to the advisor by the last week in March (See Policy #8). Failure to meet this deadline will preclude May graduation and the student must register for the summer.**
9. **Abstract.** Because the abstracts of student work may be circulated widely outside the School, it is necessary that they be both an accurate representation of the student and the work, and a positive reflection on the School itself. The praxis advisor must approve the abstract, praxis title, and final report. See Appendix C for guidelines for preparing praxis abstracts.
10. **FINAL DEADLINE! One approved printed soft-bound copy of the praxis (or two hard-bound copies of the thesis) which has been signed by the advisor**, must be turned in to the YSN Office of Student Affairs by noon of the **Wednesday preceding graduation** in order for the student to participate in graduation exercises. **This deadline is not negotiable.** (See Policy #14). In addition, an electronic copy of the full report and abstract in a Windows readable format must be submitted along with the bound printed copy. The computer disk should be labeled with your name and praxis title. The final praxis that is submitted to YSN should be prepared utilizing the reference style of the American Psychological Association (APA).

If a student requires any time and assistance to complete the praxis beyond Commencement, special arrangements and registration will be required for an additional term (see YSN Policy #14 and 15).

11. Although not a condition for graduation, it is expected that students will communicate the results of their work to appropriate audiences. In particular, students should offer to present their studies to the personnel in the clinical facility in which the work was conducted or to communicate the findings to the facility in some other way. See Appendix D for the Policy Statement on Communication of Nursing Research at YSN.

Students are encouraged to publish and/or present their scholarly work. Much can be learned in preparing a manuscript for review for publication. Students have an exceptional

opportunity to prepare material for publication when the help of the faculty is available to them. Any publication or presentation resulting from the praxis should be discussed with the advisor. Guidelines for appropriate authorship are discussed in Appendix E.

### *Summary of the Scholarly Inquiry Praxis Options*

The scholarly inquiry praxis requirement can be satisfied by successfully completing one of four available options:

- 1) State of Science Paper, which may be a:
  - a) Clinical Paper
  - b) Integrative Literature Review
  - c) Concept Analysis
  - d) Clinical Case Study
- 2) Aesthetic Production
- 3) Master's Thesis

Each is a rigorous scholarly activity designed to offer an in depth experience in formulating and conducting nursing inquiry. The individual questions as well as the skills and interest of the faculty advisor should drive the decision as to which option is the best choice. For each option, a final report written according to the YSN standards is submitted for evaluation and grading. Additional information on each option follows in subsequent sections. Some of the information contained in each section describing an option may be redundant across the options. It is intended to allow students to have certain material all in one section. Even so, it is suggested that the student read all of the sections in case additional information is found to be helpful.

The **State of the Science** options include a clinical paper, integrative literature review, a concept analysis, or a clinical case study. The *clinical paper* is a scholarly review of current knowledge about a particular clinical topic. The final clinical paper is a manuscript suitable for submission to a professional journal. The final report should be of publishable quality and present the state of knowledge about the problem. The *integrative literature review* is a rigorous systematic approach to conducting a study of published and unpublished research findings. The final report provides an overview of the steps taken while conducting the review and presents the state of knowledge for the specific problem under investigation. The *concept analysis* is a systematic process of inquiry that examines attributes, dimensions or characteristics of a concept that is relevant to health care. The *clinical case study* is the description of a clinical problem that emphasizes the patient's perspective as central to the process.

The **Aesthetic Production** provides students with the opportunity to undertake a praxis that extends the art of nursing along with the science. This alternative praxis allows students to create projects and forms of inquiry that are unique and draw on the arts and humanities. It is assumed that students who choose this option will build upon previous individual experience and expertise in the arts. As with other praxis options, a written prospectus and final production paper are required. This option is **only available to students with approval of their praxis advisor. The prospectus for the aesthetic production is also subject to review by an ad hoc faculty review committee while the student is enrolled in N525b Praxis Seminar.**

The **Master's Thesis** allows the student to participate in an ongoing research project. The prospectus fully describes portion of the the study to be conducted by the student. The student then carries out the research including data collection and analysis for his or her section of the larger study. This option is **only available to students who are being supervised by a YSN**

**faculty member who is conducting an ongoing research study and agrees to be the student's praxis advisor.**

## Guidelines for the State of the Science Paper Options

### *Clinical Paper*

The goal of the Clinical Paper is to identify, review, and analyze a challenge, dilemma, or controversy in clinical practice from the perspective of advanced nursing practice. Potential problems may focus on symptoms (headache, chest pain, fatigue), prevention (screening, health behavior changes) or treatments (diabetes management, hepatitis C treatment). Often the clinical problem is explored in relation to a specific patient population. The key to selecting an appropriate subject for the Clinical Paper is the phrase “challenge, dilemma, controversy”.

#### *Written Requirements for the Clinical Paper*

Written communication is an integral and essential part of science which is why preparation of your paper for publication is expected. There are two major documents associated with the production of the clinical paper: (1) Prospectus and (2) the Final Report. *Usually several drafts of each paper are necessary in order to achieve brevity and maximum clarity*, particularly if one is unfamiliar with a style of composition appropriate for scientific or technical reports. This should be considered in the development of the time line. The analysis of clinical problems and development of management strategies necessitates a comprehensive understanding of underlying patho-physiology, consensus and conflict in the literature, and the exploration of a variety of diagnostic and therapeutic modalities.

*Prospectus.* The prospectus is a formal proposal that describes the problem under study and the approach to the analysis of the problem and its management. The prospectus should include an overview of the final paper:

1. Problem Formulation - justify the importance of the problem and discuss why there is a management challenge or controversy associated with the problem. What is the clinical dilemma?
2. Statement of the Problem – One-two sentences that summarize the key concepts under study.
3. Review of the relevant literature. The literature review should start with an introduction that orients the reader as to how the section is organized and what the writer intends to accomplish. It should include a discussion of all the variables related to the clinical problem and present a critical summary of relevant literature. Studies should be compared and contrasted, rather than presented one by one. The amount of detail given about any particular variable or study is dependent upon its importance to the clinical problem. The review should end with a summary that outlines the major points made.
4. Two journals suitable for submitting the finished manuscript should be identified. Contents of previous 2-3 years should be reviewed to determine appropriateness of selection.

*Final Report.* A well done prospectus provides the foundation for the final manuscript. In the final manuscript, the analysis of the clinical problem and review of the research literature provides the basis for clinical recommendations and/or a protocol if appropriate.

The final paper should be prepared according to APA format. In general, a Clinical Paper will include the following sections, although specific elements, headings, and sub-headings will differ according to the selected journal.\*

1. An introduction that provides a description of problem and the specific clinical challenge or dilemma to be addressed in the paper.
2. A background section that discusses the epidemiologic, pathophysiologic, social and clinical context necessary for understanding the problem and appreciating the importance of the recommendations. This section might include several tables or figures and should be referenced.
3. A section on management strategies will present the range of potential clinical interventions to address the problem. This section also might include tables, figures, and should be referenced.
4. Recommendations and summary. In this section, the author takes a position recommending a specific approach or outlining the protocol s/he has developed, based on a critical evaluation of what is known (i.e., the state of the science).
5. References, the majority of which should be data driven articles published in the past five years (APA format).

### *References*

- American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5<sup>th</sup> ed.). Washington, DC: Author.
- Diers, D. (1995). Clinical scholarship. *Journal of Professional Nursing, 11*(1), 24 – 30.
- Galvin, J. L. (2004). *Writing literature reviews: A guide for students of the social and behavioral sciences* (2<sup>nd</sup> ed.). Los Angeles, CA: Pyrczak Publishing.
- Garrard, J. (2007). *Health sciences literature review made easy: The matrix method*. Gaithersburg, MD: Aspen.
- Melnyk, B. & Fineout-Overholt, E. (2005). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Philadelphia: Lippincott Williams & Wilkins.

### *Example*

- Arguin, A. & Swartz, M. (2004). Gastroesophageal reflux in infants: a primary care perspective. *Pediatric Nursing, 30* (1), 45 – 51.

### *Integrative Literature Review*

Due to the explosion of scientific information and the concurrent restructuring of health care delivery, the management of research findings and translation to the clinical setting has become a formidable challenge to nursing practice. An important assumption that accompanies the praxis requirement is that advanced practice nurses should be able to read the scientific literature with a critical eye and use research findings to inform and guide their practice. An integrative review of the literature is defined as a systematic summary of past research on a specified concept or content area whereby research is summarized and overall conclusions are drawn from several studies (Broome, 1993). As with the other praxis options, the integrative literature review is a formal rigorous study that involves data collection and analysis, and produces an interpretation of the results in written form. Publication of the review, while not required, is highly encouraged.

Students should avoid choosing problems that are either too trivial to allow demonstration of an understanding of the review process or too grand to be accomplished within the time available in the Master's program.

#### *Research Strategies Appropriate for the Integrative Literature Review*

The systematic collection of research reports, both published and unpublished, requires a carefully planned strategy for data collection and analysis. Studies used in an integrative literature review can be drawn from a variety of research methodologies; thus the student must be able to critically read and evaluate the research reports. In consultation with the praxis advisor, a student must be able to describe the concept under investigation, develop questions to guide the review, develop a strategy for data collection and data coding, and then complete the additional steps found within a review. The steps include:

- 1.) developing a search strategy;
- 2.) developing and completing a form to extract information from the articles to be reviewed;
- 3.) developing and completing a code book that both guides what information is gleaned from the article and assess the quality of the research;
- 4.) categorizing, ordering, and summarizing the results of the review (Broome, 2000).

The construct of interest will in part dictate the approach to finding and extracting research articles, as some concepts may not be readily found through the conventional literature search methods. The next consideration is whether the study plan can be executed successfully within the limitations of time, resources, and available research reports.

#### *Written Requirements for the Integrative Literature Review*

There are two major documents associated with the production of the integrative literature review: (1) Prospectus and (2) the Final Report. *Usually several drafts of each paper are necessary in order to achieve brevity and maximum clarity*, particularly if one is unfamiliar with a style of composition appropriate for scientific or technical reports. This should be considered in the development of the time line.

*Prospectus.* The prospectus is a formal study proposal that describes the problem under study and the design and methods of investigation. The Prospectus should be a draft of the Integrative Literature Review. It should include:

1. A problem statement (including purpose)

2. A description of the strategy that will be used to identify the articles used for the review
3. Data collection forms that will be used to extract information from articles, to code pertinent information, and to code quality of reviewed research
4. Outline of review
5. Dummy table for literature matrix.

It is expected that #4 will need significant revisions and expansion after completion of the Prospectus and with more intensive supervision from the advisor. It is expected that #5 will be in very sketchy form (tentative outline) for the Prospectus.

As with all scientific reports, the briefer the prospectus the better provided that all relevant topics are properly covered. Simple writing, clear organization, and careful editing of the redundancies are essential and should be done at every stage of writing.

*Final Report.* The specific number of headings necessary to report on the integrative literature review may differ from study to study. There may be as few as four (e.g. Background, Methods, Results, and Discussion). The student, in discussion with the praxis advisor, should organize the review in the most logical and complete manner possible. The report should be prepared according to APA format.

#### *References*

Broome, M.E. (2000). Integrative literature reviews for the development of concepts. In B.L. Rodgers & K.A. Knafl (Eds.), *Concept development in nursing: Foundations, techniques, and applications* (2<sup>nd</sup> ed.), pp. 231-249. Philadelphia: W.B. Saunders Co.

Whittemore, R. & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52, 1-8.

#### *Examples*

Meadows-Oliver, M. (2005). Social support among homeless and housed mothers: An integrative review. *Journal of Psychosocial Nursing*, 43(2), 40-47.

Redeker, N.S. (2000). Sleep in acute care settings: An integrative review. *Journal of Nursing Scholarship*, 32, 31-38.

### *Concept Analysis*

The goal of a concept analysis is to examine attributes, dimensions, or characteristics of a concept that is relevant to health care. Many concepts in nursing are abstract and have multiple or ambiguous definitions (i.e. social support). In addition, many concepts relevant to nursing practice have not been adequately developed or defined. Concept development is a critical aspect of developing knowledge in nursing, informing both practice and research. Concept analyses can be undertaken to develop concepts, to clarify concepts, to differentiate several concepts from one another, or to identify dimensions of a concept.

Concept analysis is a systematic process of inquiry that explores concepts from their level of development or maturing as revealed by their attributes, use, and/or relation to other concepts (Rodgers & Knafl, 2000). Concept analysis is a formal rigorous study using established methods and involves data collection (from existing literature), data analysis, and interpretation. Publication of the analysis, while not required, is highly encouraged.

Students should avoid choosing concepts that are either too trivial to allow demonstration of an understanding of the review process or too grand to be accomplished within the time available in the Master's program. Students should choose concepts in which a conceptual problem can be clearly identified (i.e. multiple definitions and instruments, overlapping concepts, underdeveloped concepts).

#### *Research Strategies Appropriate for the Concept Analysis*

Concept analysis begins with the identification of the conceptual problem and purpose of the analysis. The specific concept analysis method (i.e., traditional, evolutionary, dimensional) is determined based on the conceptual problem and purpose (Chinn & Kramer, 2004; Rodgers & Knafl, 2000; Walker & Avant, 2002). It is also possible to perform an integrative review on a specific concept (i.e., if one is interested in the concept of psychosocial distress in Hispanic immigrants to the United States, an integrative review method could be undertaken to identify attributes, antecedents, and consequences to psychosocial distress in this population).

In any case, all concept analysis methods require a systematic and well-specified plan for data collection (i.e. search terms, databases) and analysis. Data used in a concept analysis can be drawn from a wide variety of sources and disciplines. In consultation with the praxis adviser, a student must be able to describe the concept under investigation, develop the purpose to guide the analysis, identify the specific concept analysis method, and develop a strategy for data collection, data extraction, and data analysis.

In general, the steps include:

- 1.) identifying the conceptual problem and purpose of the analysis
- 2.) selecting the appropriate method of concept analysis
- 3.) selecting sources of evidence and data collection plan (i.e., time period, disciplines, types of literature to include). Data collection plan should be rigorous with a strong rationale for all decisions.
- 4.) developing and completing a form to extract relevant information from data sources
- 5.) developing data display matrices to compare and contrast data from different sources around a particular category
- 6.) analyzing and synthesizing data for themes, patterns, and meaning
- 7.) identifying clinical and research implications

### *Written Requirements for the Concept Analysis*

There are two major documents associated with the production of the integrative literature review: (1) Prospectus and (2) the Final Report. *Usually several drafts of each paper are necessary in order to achieve brevity and maximum clarity*, particularly if one is unfamiliar with a style of composition appropriate for scientific or technical reports. This should be considered in the development of the time line.

*Prospectus.* The prospectus is a formal study proposal that describes the problem under study and the design and methods of investigation. The Prospectus should be a draft of the concept analysis. It should include:

1. An introduction that provides a description of the concept, why the concept is important to nursing, the conceptual problem, and the purpose of the concept analysis.
2. A description of the method and the strategies that will be used to identify the sources of evidence used for the analysis. Justification for decisions needs to be provided.
3. Data collection forms that will be used to extract information from sources of evidence, to code pertinent information
4. Data display matrix forms that will allow for comparison of categories across sources
5. Outline of results (including results of initial search and number of potentially relevant sources)

As with all scientific reports, the briefer the Prospectus the better, provided that all relevant topics are properly covered. Simple writing, clear organization, and careful editing of the redundancies are essential and should be done at every stage of writing.

*Final Report.* A well-done prospectus provides the foundation for the final manuscript. In general, a concept analysis manuscript will include the following sections, although specific elements, headings, and sub-headings will differ according the specific concept analysis method and the selected journal.

1. An introduction that provides a description of the concept, why the concept is important to nursing or health care, the conceptual problem, and the purpose of the concept analysis.
2. A method section that describes the specific concept analysis method, data collection strategies, and the data analysis approach.
3. A results section that includes subheadings appropriate to the specific concept analysis method (i.e. definition, antecedents, consequences, attributes). An exemplar or model case may or may not be included depending on the method.
4. An implication section that includes interpretations of the results with respect to clinical and research implications.
5. References (APA format)

### References

Chinn, P., & Kramer, M. (2004). *Theory and Nursing: Integrated Knowledge Development* (6<sup>th</sup> edition). St. Louis: Mosby.

Rodgers, B., & Knafl, K. (2000). *Concept development in nursing: Foundations, techniques, and applications* (2<sup>nd</sup>. Edition). Philadelphia: W.B. Saunders.

Walker, L.O. & Avant, K.C. (2002). *Strategies for theory construction in nursing* (4th Edition). Norwalk, CT: Appleton & Lange.

### Examples

Schilling, L.S., Grey, M., & Knafl, K.A. (2002). The concept of self-management of type 1 diabetes in children and adolescents: An evolutionary concept analysis. *Journal of Advanced Nursing*, 37, 87-99.

Squires, A. (2004). A dimensional analysis of role enactment of acute care nurses. *Journal of Nursing Scholarship*, 36, 272-278.

Whittemore, R. (2005). Analysis of integration in nursing practice and science. *Journal of Nursing Scholarship*, 37, 261-267.

### Clinical Case Study

The purpose of a clinical case study is to provide an approach to learning about clinical phenomena that emphasizes the patient's perspective as central to the process. Data come largely from documentation in medical records, interviews, direct observations in the clinical setting, and interactions between the patient/family with health care providers. The study may be based on a single longitudinal case or a limited number of related cases. For example, the student might follow a child/family from admission for major surgery through discharge from the hospital to recovery at home in order to gain a detailed understanding of the various transitional processes involved. The outcome is a paper written in the form of a publishable manuscript.

#### *Written Requirements for the Clinical Case Study*

Written communication is an integral and essential part of science which is why preparation of the praxis for publication is expected. There are two major documents associated with the production of the clinical case study: (1) Prospectus and (2) the Final Report. *Usually several drafts of each paper are necessary in order to achieve brevity and maximum clarity*, particularly if one is unfamiliar with a style of composition appropriate for scientific or technical reports. This should be considered in the development of the time line. The analysis of a clinical case necessitates a comprehensive understanding of underlying patho-physiology, consensus and conflict in the literature, and the exploration of a variety of diagnostic and therapeutic modalities.

*Prospectus.* The prospectus is a formal proposal that describes the problem under study and the approach to the analysis of the problem and its management. The prospectus should include an overview of the final paper:

1. Problem Formulation - justify the importance of the clinical problem and discuss why there is a management challenge or controversy associated with the problem. What is the clinical dilemma?
2. Presentation of the Case – a sequential presentation of the patient’s (or patients’) experience is presented, and may include information obtained from in-depth interviews with patients and key informants, medical records, observation, excerpts from patients’ personal writings and diaries, and any other information regarding the patient’s quality of life and ability to cope with the health problem. Data may also be presented that relates not only to the patient’s present state, but also to past experiences and relevant situational factors.
3. Review of the relevant literature. The literature review should start with an introduction that orients the reader as to how the section is organized and what the writer intends to accomplish. It should include a discussion of all the variables related to the case such as the definition of the clinical problem, epidemiology, differential diagnosis, current management, complications and prevention. Studies should be compared and contrasted, rather than presented one by one. The amount of detail given about any particular variable or study is dependent upon its importance to the clinical problem. The review should end with a summary that outlines the major points made.
4. Two journals suitable for submitting the finished manuscript should be identified. Contents of the previous 2-3 years should be reviewed to determine appropriateness of selection.

*Final Report.* A well done prospectus provides the foundation for the final manuscript. In the final manuscript, the analysis of the clinical case and review of the research literature provides the basis for clinical recommendations and/or a protocol if appropriate.

The final paper should be prepared according to APA format. In general, a clinical case study will include the following sections:

1. An introduction that provides a description of problem and the specific clinical challenge or dilemma to be addressed in the paper.
2. A full description of the case, as outlined in the prospectus guidelines above.
3. A section that discusses the epidemiologic, pathophysiologic, social and clinical context necessary for understanding the case. Comprehensive management strategies that present the range of potential clinical interventions should be included.
4. Recommendations and summary. In this section, the author takes a position recommending a specific approach or outlining a protocol that the student has developed, based on a critical evaluation the case. Implications for nursing research, practice and policy should be stated.
6. References, the majority of which should be data driven articles published in the past five years.

*References*

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications.

Yin, R. K. (1994). *Case study research: Design and methods (2<sup>nd</sup> ed.)*. Newbury Park, CA: Sage Publications.

Zucker, D. (2001). Using case study methodology in nursing research. *The Qualitative Report*, 6(2),

### Guidelines for the Aesthetic Production

The goal of the aesthetic praxis is to complement and extend a student's knowledge of research and practice while expanding the art of nursing as well as the science. The Aesthetic Production provides the student with an opportunity to use alternative forms of scholarship such as, but not limited to: video production, art, or performance text to address or illuminate a salient health care issue. This praxis option is particularly well-suited to students who are building on previous coursework or experiences. As with all other praxis options, the area of interest must relate directly to practice or have clear relevance to practice. This option allows students to create projects and forms of inquiry that are unique and draw on the arts and humanities. Some examples of potential productions are:

- Development of text or piece of art that expresses a health related theme. For example, the student writes a novel for children in which one of the main characters has a chronic illness. The novel could be used to help children with chronic illness discuss their feelings about their illness with health care providers.
- Development of a performance (e.g., drama, dance, song) that conveys a health-related theme. The intent of the performance is to communicate to others the meaning of a particular experience. For example, he/she writes and performs a drama about a family's experience of having to withdraw life support.
- Exploration of a nursing or health-related topic where the findings are presented in the form of a CD or video production.

As with all other options, this choice maintains the goal of a rigorous experience in scholarly inquiry. This option begins with identification of a defined area of inquiry. The area must be limited enough in scope that the student can accomplish the project within the required time frame. The student will thoroughly research and synthesize the relevant literature. After analyzing and synthesizing the data, the student begins the work of the aesthetic production. As noted above, the production can take the form of a play, short story, poem, video production, textile, sculpture etc. The production in a tangible way serves as evidence of the student's analysis, synthesis and insight into the area of study. **When an aesthetic production is chosen, consultation is required with faculty skilled in the form of inquiry within the broader university and the School of Nursing. In addition, all students that desire this praxis option must submit a proposal to their instructor in N525b and the Ad hoc committee on aesthetic production at YSN by midterm of the spring semester.**

#### *Written Requirements for the Aesthetic Production Paper*

There are three major documents associated with the Aesthetic Production and they are: (1) Prospectus (2) Final Paper, and (3) Aesthetic Production (the form can be narrative, video production, digital photograph(s), etc. Usually several drafts of each paper are necessary in order to achieve brevity and maximum clarity, particularly if one is unfamiliar with a style of composition appropriate for a review of the literature. In addition, the student needs to consider the time needed to create the aesthetic product representing the student's analysis, insight and judgment. This should be considered in the development of the time line.

### *Aesthetic Prospectus*

The prospectus is a formal study proposal that describes the problem under study, defines the scope and significance, design and method, and aesthetic design chosen for the investigation. The Prospectus should be a draft of the aesthetic production paper. It should include:

- An introduction that provides a description of the problem under study. The purpose of the project is deemed appropriate in terms of scope and relevancy by the praxis advisor(s).
- A description of the method and the strategies that will be used to identify the sources of evidence used for analysis of the problem including a thorough review of the literature related to the area of interest.
- An outline of results (including results of initial search and number of potentially relevant sources)
- A description of the aesthetic design that will be chosen to represent the student's analysis, synthesis, insight and judgment related to the area of inquiry. The aesthetic design can be visual, auditory or kinesthetic in form. The student needs to present evidence why they are qualified in the aesthetic production chosen. The aesthetic production requires that the student's skills, competencies with the method chosen are realized. Therefore, the student needs to compose an explicit account of his/her skills and competencies before beginning the analysis. In addition, the student must demonstrate aesthetic advisor support in the production field chosen if the YSN praxis advisor deems the support is needed.

As with all scientific reports, the briefer the better, however all relevant areas must be presented in the prospectus. Simple writing, clear organization, and careful editing of the redundancies are essential and should be done at every stage of writing.

### *Final Report*

The Final Production Paper, utilizing APA format, is comprised of the following sections:

- Purpose: The student formulates and articulates the research or clinical problem.
- Relevant Literature Review: The student reviews and synthesizes literature related to the specific research question or set of questions. This section mirrors all other praxis options in that the reader is oriented to the area of study, all significant variables related to the clinical problem are presented and a summary of relevant literature is provided. Studies are compared and contrasted, setting the stage for the aesthetic production. The review should end with a summary that outlines the major points made.
- Aesthetic design: Describe the aesthetic design chosen, a review of the literature relevant to the chosen design as well as the method of analysis if appropriate. Please note: **ALL STUDENT RESEARCH INVOLVING HUMAN SUBJECTS MUST BE REVIEWED AND APPROVED OR EXEMPTED BY THE YSN HUMAN SUBJECTS RESEARCH REVIEW COMMITTEE (HSRRC) BEFORE DATA COLLECTION CAN BEGIN.** Please submit

exemption request forms if appropriate. Also note that even if the study is exempt for IRB, permission from participants to be videotaped photographed or audiotaped must be obtained. Please see Appendix F for permission forms.

- Results: A brief two to three page summary of the analysis along with evidence of the aesthetic production. The aesthetic production (video, art, sound, multi-media production, or performance text) stands as the final report; that is, it will represent the analysis of the clinical problem that addressed or illuminated a salient health care issue. In the event that a sculpture, painting or textile is chosen to aesthetically represent the project, a digital picture must accompany the summary.

### References

Carper, B. (1999). Nursing's Fundamental Patterns of Knowing. In P. Chinn & M. Kramer (Eds.), *Theory and nursing: Integrated knowledge development (5<sup>th</sup> ed.)* (pp. 1-16). St. Louis: Mosby.

Chinn, P., Maeve, M. K., & Bostick, C. (1997). Aesthetic Inquiry and the Art of Nursing. *Scholarly Inquiry for Nursing Practice: An International Journal*, 11(2), 83-96.

Chinn, P., & Watson, J. (1994). *Art & aesthetics in nursing*. New York: National League for Nursing.

Csikszentmihalyi, M., & Robinson, R. (1990). *The art of seeing: An interpretation of aesthetic encounter*. Los Angeles: The J. Paul Getty Museum.

Dewey, J. (1980). *Art as experience*. New York: Perigee Books.

Eisner, E. (1998). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. New Jersey: Prentice Hall.

Freire, P. (1993). *Pedagogy of the oppressed*. New York: Continuum Publishing Company.

Schon, D. (1983). *The reflective practitioner*. New York: Basic Books.

## Guidelines for the Master's Thesis

The main purpose of the Master's Thesis is to provide a learning experience in which the student integrates knowledge of clinical management, scholarly inquiry, and leadership in the course of investigating a clinical nursing problem that is part of an ongoing program of research by the faculty praxis advisor. In this experience, the student uses consultation to conceptualize a clinical problem and define it in researchable terms. The experience involves data collection and analysis, and produces an interpretation of the results in written form.

The decision to pursue the thesis option should be discussed early with the academic advisor and potential praxis advisor. Only **selected students** will pursue this option. As noted above, students should work with faculty on ongoing projects from which they can pursue their research.

### *Subject Matter Appropriate for the Master's Thesis*

The Master's thesis should be based on the study of a nursing problem. A *problem* is recognition of a discrepancy or undesirable difference between (a) what is the case (what occurs, or does not occur) and (b) what is expected or hoped for, or predicted. Alternatively, a problem can simply be a discrepancy between current knowledge and a desired or needed state of knowledge. Problems appropriate for study for the Master's Thesis can be delineated within the following categories:

1. Nursing problems or issues that directly relate to nursing practice. (Studies that focus on direct patient care contribute most directly to the development of clinical practice and theories upon which practice can be based.)
2. Studies that incorporate elements of nursing care not currently recognized as nursing activities. (These studies can--or should be designed to--lead to expansion of nursing functions or to clearer conceptualizations about factors influencing health care practices. Examples include studies about characteristics of settings, patients, clinicians, etc.).

The goal of the research for the thesis is, in all cases, to add to the student's knowledge in both research and practice. Accordingly, studies must relate directly to practice or they must have clearly outlined relevance to practice. **Students are encouraged to build on previous empirical research, as in the replication or extension of studies, as well as in the continuation of an ongoing line of inquiry. Students are also encouraged to work with YSN faculty in their current research activities.** Very often portions of an ongoing study can be tailored for student research. Data that have been collected as part of one study may offer exciting possibilities when considered in a new light.

### *Research Methods Appropriate for the Master's Thesis*

No one type of study is thought to be the best approach for the thesis. Any design that is appropriate to the type of problem and state of knowledge in the area under investigation is considered to be acceptable (including exploratory or descriptive studies, measurement studies, clinical experiments). The question is not what is an acceptable design for the thesis, but rather, will the design produce answers to the research questions? The next question is whether the study plan can be executed successfully within the limitations of time, clinical resources, and availability of study patients.

### *Written Requirements for the Thesis*

The formulation, clarification, and final reporting of an empirical investigation involve a series of written documents. Written communication is an integral and essential part of science. *Usually, several drafts of each paper are necessary in order to achieve brevity and maximum clarity,* particularly if one is unfamiliar with a style of composition appropriate for scientific or technical reports. This should be considered in the development of the time line.

There are two major documents associated with the production of the thesis: (1) Prospectus and (2) Thesis. The use of APA format is required for each document.

*Prospectus.* The Prospectus is the formal study proposal which describes the clinical problem and the design and methods of investigation. The Prospectus should include:

1. Clinical Problem (includes purpose of study)
2. Review of the Literature
3. Research Questions and/or Hypotheses
4. Operational Definitions
5. Methods \*
  - a. Research Design
  - b. Sample
  - c. Setting
  - d. Data Collection Instruments
  - e. Data Collection Procedures, including human subject's issues
  - f. Plan for Data Analysis - How the data will be analyzed to answer each research question and/or hypothesis.
  - g. Limitations
  - h. Potential Implications of Study

Further details on what should be included in the various parts of the Prospectus are given in the next section where the Thesis is described. As with all scientific reports, the briefer the Prospectus, the better, provided that all relevant topics are properly covered. Simple writing, clear organization, and careful editing of redundancies are essential and should be done at every stage of writing.

**\*ALL DETAILS OF THE PROSPECTUS MUST BE SETTLED AND APPROVED BY THE RESEARCH ADVISOR BEFORE SUBMITTING AN APPLICATION TO THE HUMAN SUBJECTS RESEARCH REVIEW COMMITTEE AND BEFORE ANY DATA COLLECTION TAKES PLACE.**

*Thesis.* A thesis may logically be divided into as few as four chapters (e.g., Background, Methods, Results, Discussion) or as many as seven (e.g., Clinical Problem, Review of Literature, Conceptual Framework, Method, Results, Discussion, Conclusions). The choice of organization depends on a number of factors including student preference and writing style, advisor preference, and the topic. Often the organizational pattern seems to fall naturally from qualities of the study. The student should be sure to discuss organizational issues with advisors before proceeding with the writing. A review of past theses on similar topics may also be helpful.

A well-done Prospectus provides the basis for the various thesis chapters. Often the chapter about the clinical problem and the literature can be pulled from the Prospectus with minimal revision. Although the other chapters cannot be transferred intact from the Prospectus,

the Prospectus provides a core of materials for the thesis chapters. A reminder: In the Prospectus, the methods are described in the *future* tense. This must be changed to the *past* tense in the thesis. What follows is a description of the components of a typical thesis.

**CHAPTER I: THE CLINICAL PROBLEM.** This chapter may include the description of the problem, review of the literature, research questions and/or hypotheses, and operational definitions, or as mentioned earlier, may be broken down into more than one chapter.

*Description of The Problem.* This section is used to justify the study. It should include a description of the problem to be addressed in the study, including who is affected by the problem and how widespread it is. A brief discussion about what is currently known about the problem is included, as well as what still needs to be studied. It is important to include why it is important to nursing that this problem be addressed. This section should be succinct and end with a clear statement of the problem to be studied. This is usually written as a question that asks the relationship among the variables to be studied. Some people prefer to write it in the form of the purpose of the study. See Polit and Beck (2004) for examples of Problem Statements.

*Review of Literature.* If a conceptual or theoretical framework is used to guide the study, it is often presented at the beginning of the review of literature. The literature review should start with an introduction that orients the reader as to how the section is organized and what the writer intends to accomplish. It should include a discussion of all the variables under study and present a *critical* summary of relevant literature. Studies should be compared and contrasted, rather than presented one by one. The amount of detail given about any particular study is dependent upon its importance to the thesis undertaken. The review should end with a summary that outlines the major points made. The *research questions and/or hypotheses should follow logically* from the literature review.

*Operational Definitions.* All of the variables contained in the research questions and/or hypotheses should be defined. The operational definitions should include a "dictionary-type" definition of the variable, as well as how the variable will be measured in the study. An *example* would be: self-esteem -- the individual's evaluation of his/her overall worth as a person. The 10-item Rosenberg Self-Esteem Scale was used to measure this variable. Scores on this scale range from a low of 10 to a high of 40.

**CHAPTER II: RESEARCH METHODS.** Methods for the study include the study design, sample selection and assignment, selection and use of setting, measurements, data collection and data analysis procedures.

*Research Design.* The study design is the framework of the study, and does the level of inquiry of the problem indicate the "plan of attack" on the problem. Specific reference to the arrangement of groups is essential, and the way the design fits the problem must be clear.

*Sample.* The study population and the method for sampling the population must be specified in such a way that it is clear that the population and sample are appropriate for the underlying problem under investigation. It is more important to have a small sample that "fits" the problem than to have a large inappropriate sample. No magical number constitutes an adequate sample size, which depends on the nature of the problem, level of inquiry, and level of measurement. In any case, it is *extremely important* to determine in advance by checking records and talking to informed staff how many people one can reasonably expect to obtain in a given period of time. It is the investigator's responsibility to determine that the estimate is as accurate as possible.

Inaccurate estimates may require extending the data collection period and mean delayed completion of the thesis.

*Setting.* The appropriateness of a research setting is judged by its adequacy for gathering data pertinent to the question guiding the study and the demands the setting makes with regard to time, energy, expense, worry, etc.

*Data Collection Instruments.* The primary criterion in the selection of measurements is whether they accurately and consistently measure the phenomenon of interest. Care must be taken to assure that the conceptual framework and operational definitions of the phenomena of interest for the measurement tool are the same as those for the thesis. If one is studying the concept "hope", there are many ways to define hope and to then measure it. A tool is not valid if the conceptualization and definition of terms used to develop the tool do not match with subsequent researchers' intentions.

Measures should be reliable, valid, sensitive, precise, and they should be examined carefully in relation to these criteria. Such evaluation may be the main focus of measurement studies. In other studies, some evidence should be presented to evaluate the usefulness of any measurement procedures. If an instrument is commonly used, evidence of reliability and validity as described by other authors should be reported. If it has been used even once before, that use provides some material for reliability and validity reporting. (If results were as expected, that hints that the instrument measured what it was designed to measure.) If you develop your own research instrument, a description of the development process should be provided, and you must look at reliability and validity both before use and after you obtain your data. Each tool should be described *separately, specifically, and in full detail*. Reliability and validity issues *must* be addressed.

If you use someone else's instrument, you must give credit to the original author and tell whether you used the tool as originally constructed or modified it. If instruments are copyrighted, you must obtain permission to use them. If there is a great deal of information available on your instruments, you may want to put some of the details in an appendix of your final report. Consult with your advisor about the appropriate use of appendices.

*Data Collection Procedures.* The exact method for collecting, recording and processing data of any kind--e.g., observations, rankings, categories, descriptors, etc., must be described in detail. The researcher seeks objectivity in collecting data for any study, as in preventing bias and providing comparable data for the various subjects in the sample. Precise categories for description and valid or established measures are tools for preventing bias and providing comparability. In this section the exact manner in which subjects are approached is also described. A separate section on protecting human subjects may be used to describe the consent procedure, or that material may be integrated into this section.

*Data Analysis.* In the Prospectus, the Methods chapter concludes with a section introducing and summarizing the data analysis method. It is usually one or two paragraphs in length. This is usually omitted in the thesis for the detail on data analysis is included in the next chapter. Much of the material used in the Methods chapter was originally prepared for the Prospectus, so careful revision and updating is always necessary. Do not expect your advisors to read this in the future tense after the work has been completed. Make changes necessary to indicate what really happened in contrast to what you had expected to happen. How many subjects were there? What problems did you face? Did people complete your instruments correctly? Did you make any changes mid-course? Be complete and be honest.

**CHAPTER III: RESULTS:** Data analysis consists of reducing and summarizing the data, as well as using tests of statistical significance if such tests are appropriate for the data. The specific analytical techniques vary with the type of study and kind of data. When in doubt, investigators should check with their advisors and seek further statistical consultation if necessary.

This chapter begins with a description of the sample (demographic characteristics; health and/or illness characteristics). This is followed by results relevant to each research question or hypothesis in the order in which they are listed in Chapter I. Some people include an "other findings" section in order to report other interesting data. Reports of results may include such non-statistical material as verbal or written comments by subjects, description of observed behavior, etc.

Tables should be used to present data in an orderly fashion, but should not be overused. If the information can easily be given in the narrative, a table is not necessary. For example, one might say that 30 of the subjects were male (43%) and 40 were female (57%). It would then be unnecessary to construct a table with exactly the same information. In the narrative, a table should be described and the important details highlighted, but all the information from the table should not be reported in the text. The narrative and tables complement each other; they should not duplicate each other.

**CHAPTER IV: DISCUSSION.** Although it seems redundant, this chapter starts with a brief description of the purpose of the study and the subjects included. The bare results (as presented in the previous chapter) are explained and interpreted. The findings of the study should be related carefully to the original problem, to nursing, and to past and future research. This discussion should include consideration of the scope, value, and dependability of the findings. A reevaluation and perhaps redefinition of the problem may well be an important contribution. Creative speculation should go beyond the mere reporting of the data to full exploration of new insights into the problem and specific recommendations for further research. This is the place for speculative, creative or interpretational analyses. Such interpretation can provide new conceptualization of the phenomenon under study and can suggest or prepare for more definitive studies.

Results are highlighted in the main section. This is usually followed by other sections: *Limitations of the Study, Conclusions, Implications for Research, and Implications for Practice.*

If interpretations are unusually extensive or broad, combining material into a single last chapter may be unwieldy. A separate chapter, *Conclusions and Implications*, distinct from the Discussion chapter may be created in such cases. In this chapter the study's conclusions are summarized.

- \*\* Components of the Master's thesis may take a different form based on the researchable problem. For example, students interested in historical research will use archival data. Such documents are considered primary or secondary sources. Examples of primary sources of data include letters, eyewitness accounts, diaries, photographs, and legal and/or public documents.
- \*\* In addition, students interested in health policy may base their thesis on the study of a health care problem relevant to nursing practice. A variety of formats may be employed (i.e., case study) with appropriate statistical techniques to analyze and interpret data. Data may arise from a variety of resources including public documents and hearings; financial statements; annual reports; interviews; meeting minutes; archived materials; and focus groups.

*General Bibliography*

Fain, J. A. (2004). *Reading, understanding, and applying nursing research: A text and workbook*. (2nd ed.). Philadelphia: F. A. Davis.

Fawcett, J. (2005). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories*. (2nd ed.). Philadelphia: F. A. Davis.

Polit, D. & Beck, C.T. (2004). *Nursing research: Principles and methods*. Philadelphia: Lippincott, Williams & Wilkins.

Schmidt, N.A. & Brown, J.M. (2009). *Evidence-based practice for nurses: Appraisal and application of research*. Sudbury, MA: Jones and Bartlett Publishers.

**APPENDIX A**  
Time Line

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please review the outline below and assign reasonable dates to each item. (Note: Some headings may not apply, unless you are doing a thesis). It is useful to work backwards from the due date. The sections are intended to be generic. Modify them to match with your specific praxis project. Each step takes more time than you think, so use realistic dates and add some padding for unexpected delays. Have this time line approved by your advisor and review it frequently to stay on target.

Praxis Advisor Agreed Upon	_____
Prospectus Approved	_____
Human Subjects Application Accepted	_____
Institutional Approval Obtained	_____
Data Collection Completed	_____
Methods Section Approved	_____
Analysis Section	_____
Findings Section - First Draft Submitted	_____
Findings Section - Accepted	_____
Discussion Section - First Draft Submitted	_____
Discussion Section - Accepted	_____
Summary, Conclusions, Limitations, Recommendations for Research and Implications for Practice Section - Accepted	_____
Abstract - Accepted	_____
Title for Praxis - Accepted	_____
Final Typing and Proofing	_____
Copying (x copies)	_____
Final Report Submitted	_____
Final Report Signed by Advisor	_____
Signed Final Report Submitted to <b>SAO</b>	_____

## APPENDIX B

### Human Subjects Research Review Committee

The Human Subjects Research Review Committee (HSRRC) reviews all research projects, which involve human subjects, proposed by YSN faculty, students or investigators sponsored by YSN or those wishing to recruit YSN students through YSN. The HSRRC also approves proposals for all nursing research conducted at Yale-New Haven Hospital (YNHH) by nurses affiliated with other schools or institutions. This review helps to insure the protection of subjects' rights and personal privacy, and to monitor the investigator's obligation to obtain informed consent. The focus is on the subject's experience and voluntary participation. **Committee approval of the proposal must be obtained before data collection begins.**

The HSRRC meets jointly with the Nursing Research Committee (NRC) at Yale-New Haven Hospital for simultaneous review of studies being conducted at YNHH. This meeting results in two decisions:

- 1) HSRRC human subjects approval to conduct the research (or not)
- 2) YNHH NRC approval (or not) to conduct the research at Yale-New Haven Hospital

Decisions will be communicated to applicants in two separate letters.

The system of human subjects review is designed to be conservative, so as to provide all possible protection to subjects. Institutional committees carefully examine applications, protocols, or descriptions of work to arrive at an independent determination of possible risks.

Reviewers are particularly interested in the significance of the study, a summary of the background supporting this, the rationale for the interventions being used, the analysis of risks and benefits to subjects and the adequacy of the informed consent process. The purpose of the study must be clearly communicated to reviewers, and the methodology must be designed to answer the research questions. If reviewers do not believe a study has scientific merit, then no risk to subjects is acceptable.

The committee meets at regularly scheduled monthly meetings, with assignment of primary and secondary reviewers responsible for discussing each study. Approval is by majority vote of members present.

Applications submitted for review by the Human Subjects Research Review Committee must follow the format described in the application packet (available through the Office of Research Affairs). Fourteen (14) copies of the completed application should be submitted to Sarah Zaino in the Office of Scholarly Affairs. The deadline for submission is *usually* the last Tuesday of each month (changes in the submission deadline are noted on the posted schedules - please check bulletin boards). The committee meets regularly on the third Tuesday of each month. The student will be notified in writing of the decision of the committee no later than one (1) week following the meeting.

A list of Human Subjects Research Review Committee members is available in the Office of Research Affairs.

## APPENDIX C

### Guidelines for Preparing Abstracts (Courtesy of Donna Diers)

Note: Rules of the Journal to which the manuscript is being submitted may supersede these guidelines.

Form: 200 words (NO MORE), in *one continuous* paragraph.  
(Roughly 2/3 to one double-spaced, typed page)

Double space

At top of page, and centered:

### ABSTRACT

TITLE: CAPITALIZED

The abstract is a *noncritical*, unbiased condensation of the inquiry praxis. The first sentence of the abstract should define the type of praxis. For example:

1. This integrative literature review focused on...
2. This change project explored the feasibility of....
3. A descriptive study was designed to explore...

Although the format of the abstract varies depending on the type of praxis, the purpose is to summarize the essential components of the praxis. The bulk of the abstract should be the results and conclusions from the praxis.

The following are some rules and helpful hints:

1. Avoid starting a sentence with a number that must be spelled out.
2. Use Arabic numbers (1, 2, 3) for all numbers except one to nine. Spell out numbers (e.g., "one", "two") less than 10. See the YSN Guide *Organizing and Typing Scholarly Manuscripts* for more detail.
3. Use percentage symbols and fractions in Arabic form (except when beginning a sentence) (e.g., 1/3 not "one-third").
4. Spell out all abbreviations the first time they are used: This study of nurse practitioner (NP) effectiveness... The Multiple Affect Adjective Check List (MAACL) was used to ...
5. It is not necessary to name the statistical tests used unless they are unusual or not intuitively meaningful to a research reader.

6. Probability figures ( $p .01$ ) are not very meaningful by themselves. Much more meaningful is the actual correlation ( $r=.43$ ), or the actual means that were significantly different. It is sufficient to report a correlation or the means and then say they were statistically significantly different (or correlated, as the case may be), without also providing figures (e.g., "The mean score for children under 5 ( $x = 1.07$ ) was significantly different from the mean for children 5 or older (2.67)").
7. Use past tense throughout except in a final sentence that might say "Limitations of the study and suggestions for future research are presented."
8. Avoid "-ize" words, especially "utilize". "Use" is a perfectly good word. "Prioritize" is not a word, nor is "finalize".
9. Avoid anthropomorphism. "The study examined the question of ..." is a common one. Studies don't examine, people do.
10. Clients, subjects or patients do not need modifiers. They are not "experimental subjects", they are subjects in the experimental group; they are not "control patients" nor "eating disorder clients" either.
11. Avoid current colloquialisms: "... data were collected via an interview..." "By" is the word to use, not "via". Also, "...discussion centered around ..." or "... the study examined issues around ..." is to be avoided. Use "on" or "about" instead of "around", which sounds circular, if not tangential.

## APPENDIX D

### Policy Statement on Communication of Nursing Scholarship at Yale University School of Nursing (Courtesy of Class of 1968)

The evolution of nursing scholarship at YSN could be described as follows:

There was a felt discrepancy between the kind of scholarship being done in nursing and the kind that ought to be done.

The discrepancy was analyzed, and a decision made to remove it by developing the process in nursing practice.

Since then, there have been continuous efforts directed into developing and exploring the many facets of researching problems in practice.

Perhaps because there is a certain security in clarity, or because we now have content and process for a dialogue, but mostly because the content and process of the Master's program leads to awareness of the need for dialogue, the time is here to begin actively working to remove another discrepancy.

#### *The Discrepancy*

Ideally, there should exist an on-going, continuous, circular relationship (dialogue) between and among research, practice, and theory:

1. The content and process of nursing research is derived from the problems *in* nursing practice and *with* theory.
2. The content, process, and outcome of nursing research and theory development feedback into the process and content of nursing practice.
3. The process and content of nursing practice and nursing research jointly contribute to theory--process and content.

In reality, there are breaks in the system. People are not talking to each other. As a result:

1. Nursing practice is deprived of input from research and theory development.
2. Nursing research is deprived of input from nursing practice and the validation phase of theory development.
3. Nursing theory is deprived of the benefits of joint contributions of nursing research and nursing practice.

And, the full potential force of practice-research-theory is not brought to bear on the process of improving practice.

### *Removing the Discrepancy*

Although there are several possible approaches to removing the discrepancy, we are committed to begin communicating the process and content of nursing research to practitioners and other researchers. Approaching the problem by communing with the real world of practitioners, researchers, and students outside YSN, fits the philosophy guiding selection of research problems, development of study designs/measurement tools, and conduct of the study/writing of the report (i.e., doing something that is intended to remove a discrepancy in the real world of nursing).

To facilitate the removal of the discrepancy, a committee was established. The committee formulated the following objective for communicating nursing research:

#### To Promote the Communication of Nursing Research

1. By facilitating an on-going dialogue between and among nurse researchers and practitioners in all areas of nursing;
2. By assisting Master's students to develop the skills needed to participate in the further development of this dialogue.

It should be the student's responsibility, with appropriate consultation with advisors, to identify the appropriate audience for communication and to plan and arrange for a presentation.

## APPENDIX E

### Yale University School of Nursing Master's Program

#### Statement on Authorship

A recommended outcome for the State of the Science Clinical Paper is submission of the paper to a scholarly journal as a manuscript for review. Early in the preparation of the paper and certainly prior to the writing of the final paper and contacting the editor at the prospective journal, the student and advisor(s) will need to establish authorship of the paper. The following guidelines are suggested to direct that process, with the understanding that *the student is expected to take the role of first or primary author.*

As research collaboration and multi site studies become more common, the issue of how authorship is determined is of great importance to the scientific community. In the past decade there have been many papers and guidelines published to help clarify authorship questions and to help ensure the integrity of scientific publications. Guidelines from psychology, biomedical, and nursing perspectives are presented here.

1. The American Psychological Association's (APA) (1994) publication manual outlines advice about the negotiation of authorship. Guidelines state that authorship is assigned to individuals who contribute in a substantial way to the work of designing, conducting, interpreting and reporting the study or the publication. Substantial contributions of authors are defined as "formulating the problem or hypothesis, structuring the experimental design, organizing and conducting the statistical analysis, interpreting the results, or writing a major portion of the paper" (APA, 1994, p.294). Individuals who contribute to the work in less substantial ways such as consulting on the analysis, data collection or entry, or recruitment of subjects are usually acknowledged as contributors in a note, but not listed as authors (APA, 1994).

2. The International Committee of Medical Journal Editors (ICMJE) (1997) states that three conditions must be met for an individual to qualify for authorship on a scientific paper. These conditions include  
 ...substantial contributions to (1) conception and design, or analysis and interpretation of data; and to (2) drafting the article or revising it critically for important intellectual content; and on (3) final approval of the version to be published. (ICMJE, 1997, p. 928). The ICMJE (1997) further states that editors have the right to request that authors describe their role in the project and that this information may be published.

3. The International Academy of Nursing Editors has published similar guidelines for the determination of authorship in scholarly publications (Nativo, 1993). All authors need to have made significant intellectual contributions to the work in the areas of design, critique, data analysis and the writing of the report, and all authors are publicly accountable for the content of the report (Nativo, 1993). Duncan (1999) expands this guideline to include that all authors also need to be knowledgeable about the literature and sources cited in the background and discussion of the work presented in the paper. All of the various guidelines reviewed, advised that including courtesy authors (for reasons such as politics, friendship, financial support, etc) who do not meet the criteria for authors is inappropriate and should be avoided (APA, 1994; Duncan, 1999; ICMJE, 1997; King, McGuire, Longman & Carroll-Johnson, 1997; Nativio, 1993).

It is advisable for collaborators to determine in the beginning stages of a collaborative project, not only how the work of the project will be divided, but also how the assignment of authorship of potential manuscripts will be negotiated (DeTournay, 1984; Duncan, 1999). Students and advisors are referred to the paper by Duncan (1999) for a helpful and detailed discussion of this process. The authorship agreement is usually confirmed in writing and then modified if the actual work done differs significantly from the original plan (Hanson, 1988; Heinrich, 1995; ICMJE, 1997). The reassessment of authorship may be particularly necessary in the situation of faculty and student collaboration, if the student requires extensive supervision or the work requires substantial editing or additional statistical analyses on the part of the faculty member (APA, 1994).

All named authors share responsibility for the accuracy and integrity of the work but the sequencing of authors' names reflects the degree of work contributed to the project (Heinrich, 1995; Stevens, 1986). For example, the first author is usually the person who conducted and arranged most of the work, and took the principal role in writing the manuscript (and maintains the role of communicating with journal editors and keeping the other authors informed of the process) (Duncan, 1999). Subsequent authors' names are listed in order of their contribution to the work (Stevens, 1986). Paid or volunteer research assistants (as well as technical personnel or support staff) who assisted with the conduct of the study requires a footnote acknowledgment (with their consent) unless their contributions were substantial, in which case they should be offered co-authorship (Duncan, 1999; Hanson, 1988; Nativio, 1993).

A different convention for sequencing authors' names may also be found in many biomedical publications. In this model, the first author's role is as described above and subsequent authors are listed in order of their contribution to the work, with the exception of the senior or supervising author, who is listed last.

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**APPENDIX F**

Permission Forms

**Permission to use statements from an individual’s narrative**

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(Address): \_\_\_\_\_