

An Evaluation of the Doctoral Theses in the Field of Family Nursing in Turkey

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ABSTRACT

Objective: This study was performed to determine the features of doctoral theses in the field of family nursing in Turkey, and the distribution of the doctoral theses by their subjects.

Study Design: Based on scanning of the concepts and departments, the data of this descriptive study were retrospectively obtained from the National Thesis Database Center of the Higher Education Council. Its search concept used the words, “family and home care”, and its search department used the word, “nursing”. The data were analyzed using a questionnaire consisted of 10 items developed by the researchers. The items included the date when the thesis was completed, study design, study subject, location of the research, study sample, sample size, interventions, model use and department.

Results: This study obtained the complete texts of 46 doctoral theses. The evaluation found that 65.2% of the theses in the field of family nursing were made between the years of 2004 and 2016. In 54.3% of the theses, the sample group consists of relatives of the patients and near the half of the studies were half-experimental and 52.2% of them were done in clinics. Models were used by only 10.9% of the theses.

Conclusion: Doctoral theses related to family nursing and home care increased in the 2000 s. They focused on caregivers due to increasing chronic diseases. The few family-based studies on protecting and developing health, one of the basic functions of the nurses, show that much more attention should be devoted to this field.

Keywords: Family nursing, nursing evaluation research, nursing education

TÜRKİYE’DE AİLE HEMŞİRELİĞİ ALANINDA YAPILAN DOKTORA TEZLERİNİN DEĞERLENDİRİLMESİ

ÖZET

Amaç: Bu çalışma, Türkiye’de aile hemşireliği konusunda yapılmış doktora tezlerinin özelliklerini ve konularına göre dağılımını belirlemek amacıyla gerçekleştirilmiştir.

Çalışma Planı: Tanımlayıcı tipte olan bu çalışmanın verileri geriye dönük olarak Yüksek Öğretim Kurulu Ulusal Tez Merkezi veri tabanından kavram ve anabilim dalı düzeyinde tarama yapılarak elde edilmiştir. Kavram taramasında, “aile, evde bakım”; anabilim dalı taramasında ise, “hemşirelik” kelimeleri kullanılmıştır. Tezler araştırmacılar tarafından geliştirilen 10 maddelik soru formu değerlendirilmiştir. Bunlar tezin tamamlanma yılı ve hangi anabilim dalında yapıldığı, örneklem grubu, araştırma tipi, araştırmanın yapıldığı yer, araştırma konusu, model kullanılma durumudur. Verilerin analizinde sayı ve yüzdeler kullanılmıştır.

Bulgular: Bu çalışmada tam metnine ulaşılan 46 doktora tezi incelenmiştir. Değerlendirme sonucunda aile hemşireliği alanında yapılan tezlerin %65,2’sinin 2004–2016 yılları arasında yapıldığı saptanmıştır. Tezlerin %54,3’ünün örneklem grubunu hasta yakınları oluşturmakta olup, çalışmaların yarısına yakını yarı deneyseldir ve %52,2’si klinikte yapılmıştır. Tezlerin sadece %10,9’unda model kullanılmıştır.

Sonuç: Aile, aile hemşireliği ve evde bakıma yönelik yapılan doktora tezlerinin özellikle 2000’li yıllarda artış gösterdiği ve genellikle artan kronik hastalıklara bağlı olarak bakım vericilere yönelik yapıldığı görülmektedir. Hemşirelerin temel fonksiyonlarında birisi olan sağlığın korunması ve geliştirilmesinde aile temelli yapılan çalışmaların az olması bu alana daha fazla önem verilmesi gerektiğini göstermektedir.

Anahtar sözcükler: Aile sağlığı hemşireliği, hemşirelik değerlendirme araştırması, hemşirelik eğitimi

The concept of family health nursing (FHN) was introduced at the beginning of the 1980s and it is an art and science that based on considering and working with families when a family member experiences a health problem (1). The World Health Organization (WHO) defines family health nurses as nurses who spend most of their time working with families in their homes to help patients cope with chronic diseases and stress, who play the roles of public health nurses for families and who support family members in managing their health problems in home environments. Family health practices require teamwork (2). The WHO stated that family doctors and family health nurses, who are essential members of the teams, should work in primary healthcare services (2, 3). Family health nurses integrate the roles of health protection and promotion in public health with therapeutic and palliative care and facilitate coordination between families, society and health systems (4, 5).

In our country, nurses in family health centers have the roles and responsibilities of family health nurses; however, they are referred to as family health personnel (FHP) (5). Family health personnel refers to the nurses, midwives, health officers and emergency medical technicians who provide service with family physicians, working under contracts or appointed by the Ministry of Health (6). Therefore, in our country, healthcare personnel with varying degrees of education, duties, authority and responsibilities were included in the health system as FHP with the health transformation program.

Family health nursing is generally included in the public health nursing course during undergraduate education. Postgraduate education in family health nursing is not offered in a separate department. It is included as an elective course in the curriculum of public health nursing. New projects have been initiated to improve family health nurses, and nurses who have a bachelor's degree and earned a certificate are working as family health nurses in European countries. In our country, nurses are employed according to their specialties, although family health nursing is defined as a specialty in the regulations. In addition, a very limited number of nurses are appointed to primary healthcare services. In the current system, individuals who graduate from high schools and belong to other occupational groups can work as family health personnel (5).

Although each duty requires different responsibilities for nurses, professional nurses have the same primary goals:

to advocate for patients and to provide the best healthcare based on evidence obtained by research. Nursing research is a growing area in which nurses will provide various skills and experiences in nursing science (7). Polit and Beck define nursing research as systematic studies that aim to enhance information on the important subjects for nurses, including nursing practices, education and management (8). Making nurses active in primary healthcare services, giving priority to health promotion and protection healthcare services, and utilizing family-oriented nursing studies will improve nursing services, make nurses more active, independent, bring them to a higher position than being assistants, and ensure that they provide service to the society by understanding fundamental healthcare services (9). Although there is a large quantity of information in the literature on family health and home care today, family health nursing should be given a larger place in nursing curricula. Undergraduate students should be more introduced to the concept of family health nursing during their education (10). More valid and reliable family assessment models, tools and strategies should be developed for family health nursing.

A systematic review of the studies conducted on family health nursing and home care nursing in our country will provide important data for nurses working in these areas by indicating their current status and determining priorities for future studies in accordance with the goals and action plans determined by family health nursing organizations around the world.

This study was performed to determine the features of doctoral theses in the field of family nursing in Turkey, and the distribution thereof by their subjects. Answers to the following research questions were sought:

1. How is the distribution of theses by years?
2. How is the distribution of theses by their field?
3. How is the distribution of theses by their subjects?
4. Is there any difference in the type of research in the theses by years?
5. Is there any difference for the model use in the theses by years?

Study design

The study reviewed the doctoral theses conducted on family health and home care nursing in our country. It used thesis screening, a secondary data collection source. The data of this study was obtained retrospectively from

the database of the thesis center of the department of publication and documentation in the council of higher education.

The researchers aimed to access all the theses conducted on family health and home care nursing recorded by the "council of higher education Department of Documentation", and therefore, did not perform sampling for this study. The theses in this study were selected from all theses conducted in the department of nursing between 1977 and 2016 and recorded in the database of the council of higher education. The words, family and home care, were used for concept screening, and the word, nursing, was used during department screening. The full texts of 40 theses in family nursing and 6 theses in home care nursing were obtained. The theses transferred to a computer environment were reviewed in chronological order according to the sequence number in accordance with the questionnaire created by the researchers.

The data were analyzed using a questionnaire consisted of 10 items developed by the researchers. The items included the date when the thesis was completed, study design, study subject, location of the research, study sample, sample size, interventions, model use and department. Data obtained from the research were analyzed by SPSS 22.0 package program in the computer environment, categorical variables have been shown as frequency (n) and percentage, and Pearson Chi-Square analysis was used for the categorical variables.

No ethics committee approval was obtained since the theses were obtained from a public domain site in this retrospective study. However, no reference for the author and institutional information of the theses was given, and the theses were registered according to their sequence number.

Results

In our country, doctoral theses were conducted in family nursing between 1992 and 2016, and the majority of them (65.2%) were conducted between 2004 and 2016. The number of doctoral theses increased after 2004 (Figure 1).

Table 1 shows that more than half of the theses (52.20%) in family health nursing were conducted in clinics in our country. Of the other theses, 26.10% were conducted in the participants' homes and 21.70% were conducted in the field. When the theses are evaluated as before and

after 2005 depending on the location thereof, the theses carried out in home visits as primary care before 2005 were 36.40%, whereas this ratio increased to 63.60% after 2005. There was no significant difference between the theses carried out in home visits as a primary care and the theses carried out in the clinic. ($\chi^2=0.136$; $p>0.05$)

Table 2 shows that the most frequently addressed subjects in the theses were family education (28.30%) and home care (21.70%). Scale development and family needs were the third most frequently studied subjects.

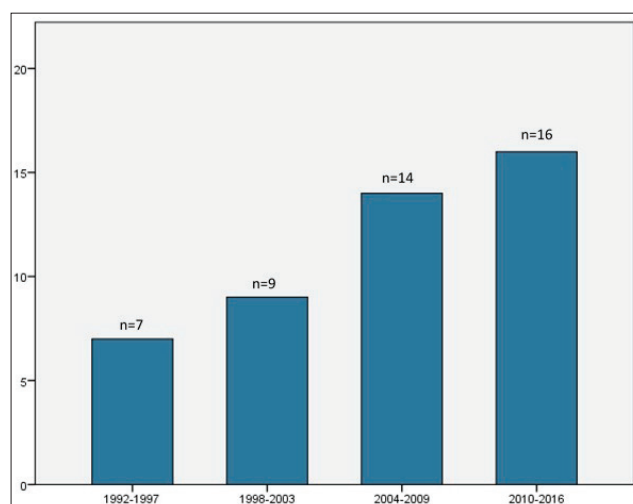


Figure 1. Distribution of theses by years

Table 1. Distribution of the theses by location of the research

Location of the Research	n	%
Clinic	24	52.20
Field	10	21.70
Home	12	26.10
Total	46	100

Table 2. Distribution of the theses by subject

Subject	n	%
Home care	10	21.70
Health education	5	10.90
Family education	13	28.30
Patient care	3	6.50
Massage	1	2.20
Scale development	7	15.20
Family needs	7	15.20
Total	46	100.00

Of the theses, 47.90% employed quasi-experimental design. The number of experimental, methodological and descriptive studies were equal to each other ($n=7$). A qualitative design was least used at a rate of 15.20% (Figure 2).

When different types of the research used in the theses were reviewed by years, it was seen that 27.60% of the theses carried out before 2005 were experimental or quasi-experimental, whereas 58.80% were conducted in other types of research (descriptive, qualitative, and methodological). In 2005 and later, the use of experimental or quasi-experimental research statistically significantly increased with a ratio of 72.40% ($\chi^2=4.391$; $p=0.036$) (Table 3).

Table 4 indicates that only 10.90% of the theses in family health nursing used models and that 89.10% did not use models.

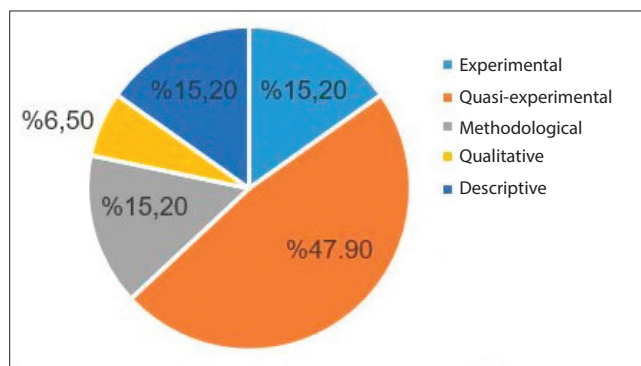


Figure 2. Distribution of theses by study desing

Table 3. Type of researches used in the theses by years

	Experimental- Quasi-Experimental		Other Types of Research		χ^2	p
	<i>n</i>	%	<i>n</i>	%		
Year						
1992-2004	8	27.60	10	58.80	4.391	0.036
2005-2016	21	72.40	7	41.20		
Total	29	100.00	17	100.00		

Table 4. Distribution of the theses by model use

Model Use	<i>n</i>	%
Used	5	10.90
Not Used	41	89.10
Total	46	100.0

Discussion

This study included 46 doctoral theses in family health nursing and home care nursing, the full texts of which could be accessed. Theses in family health nursing have been conducted since 1992 and increased in number after 2004. Another study that analyzed doctoral theses in nursing reported that the number of theses increased after 1991 and even more so after 2006, which is in line with the findings of this study (11). The increase in the number of theses is expected due to developments in postgraduate nursing education in our country. The fact that theses in family health nursing started in 1992 and increased in 2004 can be explained by the introduction of the concept of family nursing around the world in the second half of the 1980 s.

The majority of the theses in this study were conducted in clinics. Similarly, Lee et al. found that the majority of the theses in nursing were conducted in hospitals, and a lower number of theses were conducted in the field (12). Another study found a higher number of theses conducted in the field, unlike the other findings (13). The highest number of theses conducted in clinics found by this study can be explained by the researchers' preference of clinics for recruiting study samples. In addition, the findings of this study show that the majority of the theses were conducted in clinical sciences. The high number of theses in family health nursing conducted in clinics in our country maybe due to the fact that fieldwork is costly and time-consuming. This finding resembles those in the literature.

Half of the theses in this study employed quasi-experimental and the others employed experimental, descriptive and methodological design. A minority of the theses employed qualitative design. The study results in the literature also support this finding. Studies that analyze the studies/research conducted in nursing found that they mostly employed experimental and quasi-experimental design, and a lower number of qualitative studies were conducted (11, 14).

The majority of the theses in this study did not use models. Studies in different areas of nursing also support this finding (15). The reason for the low number of nursing theses which use models is that the use of theories/models is only included in nursing education as a doctoral course instead of in fundamental nursing education, and that the models consist of complex abstract concepts that are difficult to understand. This makes the models difficult to understand and use (16).

One of the limitations of this study was to permit theses whose full texts could be accessed then analyzed them in our study and the total number of theses may be regarded as a limitation, because some nurses may obtain their

PhDs in other subjects and departments. Reviewing nursing doctoral theses produced in Turkey is not amenable to wide generalization.

Conclusion

A low number of theses were found in family nursing in our country. This indicates that more family nursing theses

need to be conducted in clinics and the field. Conducting further studies will enable researchers to address families as a whole in line with the principles of nursing care. In addition, using higher-evidence studies will contribute to the literature and nursing care practices. The use of models in theses is recommended since it can standardize and guide nursing practices.

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