What I Will be Covering

- Ideas for developing your topic
- How to search for articles
- Reading a scholarly article
Nursing 254 Course Guide

https://researchguides.uic.edu/nursing254
Ideas for Developing Your Topic
Resources for Figuring Out Topics

- CQ Researcher
- Nursing Reference Center
- Find a review article on your topic
- Browsing through journal’s table of contents
  - American Journal of Nursing
Steps to Refining a Research Topic

1. **Background Reading** (For an overview of the topic, this will help you realize the scope)

2. **Narrow/Adapt Topic** (Is there enough information on your topic? Too little?)

3. **Retrospective Research** (Explore the topic in-depth, for a historical perspective)

4. **Contemporary Research** (Look at current issues)

Adapted from CSU Libraries “Topic Selection Tips” by Naomi Lederer

http://lib.colostate.edu/howto/resstra.html
How to Search for Articles
Tips on Searching Library Databases

- Focus on the words, not the phrase
- Search for each piece of your topic separately then combine them
- Always apply filters or limits when you’re done your search
So What’s Your Topic?

**Online Spreadsheet**

If you haven’t decided yet, put Not Sure
My example

54 year old woman with deep vein thrombosis (DVT), how effective is the use of compression stockings?
**Search Tools: Boolean Basics**

- **AND** combines terms. It gives you results that satisfy both search terms (only where the two overlap). Some databases use + for AND.
- **OR** “means more”! It gives you everything available for each term, including when they overlap. Some databases use | for OR.
- **NOT** excludes an entire term, including any overlap between terms. Some databases use – for NOT.
Type the first part of your search in CINAHL
Take a couple minutes and come up with some similar words for your topics.
OR your similar words together in CINAHL
AND the pieces of your search together
How many citations do you have?
What limits are you using?
How to Limit Your Search

- Always apply limits at the end of your search
  - Age groups (children, adults)
  - Language (English)
  - Publication types (randomized controlled trials)
  - Years (Last 5-10 years)
- CINAHL has a research limit!
How many results do you get after you apply your limits?
Reading a Scholarly Article
What is IMRAD?

- Introduction
- Methods
- Results
- Discussion
Tips for Reading an Article

1. Start with the title and abstract
2. Discussion and conclusions
3. Introduction
4. Methods
5. Results
6. Go through entire article

Research Design

Qualitative
- Historical Research
- Grounded Theory
- Ethnography
- Phenomenological

Quantitative
- Experimental
  - Randomized Control Trial (RCT)
- Quasi-experimental
- Non-experimental (descriptive)
Your Lit Review Table

<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Purpose /Aims</th>
<th>Sample and Setting</th>
<th>Intervention /Variables</th>
<th>Research Design</th>
<th>Outcome Measures</th>
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<th>Implications</th>
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**Methods**

**Discussion**
### Lit Review Example

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<tr>
<td>Naylor, M. D., Brookes, D. A., Campbell, R. L., Maslin, G., McCauley, K. M., &amp; Schwartt, J. S. (2004). Transient care of older adults hospitalized with heart failure: a randomized, controlled trial. <em>Journal of the American Geriatric Society.</em></td>
<td>The objective of this RCT was to examine the sustained effect of a 3-month comprehensive transitional care (discharge planning and home follow-up) intervention directed by advanced practice nurses (APNs) for elders hospitalized with heart failure.</td>
<td>6 Philadelphia academic and community hospitals (118 intervention and 121 in control group).</td>
<td>Control: patients received care routine for the admitting hospital; and, if referred, standard home agency care consisting of comprehensive skilled home health services 7 days a week. Interventions: (1) standardized orientation and training program guided by a multidisciplinary team of heart failure expert, (2) use of care management strategies foundational to the Quality-Cost Model of APN Transitional Care, (3) APN implementation of an evidence-based protocol.</td>
<td>Experimental design: Randomized controlled trial.</td>
<td>Standardized patient telephone interviews at 2, 6, 12, 26, and 52 weeks after index hospital discharge to obtain information about readmissions, etc.</td>
<td>Total and mean costs (reimbursements) per patient were lower in the intervention group than in the control group. Fewer intervention group patients were rehospitalized after discharge than control group patients (44.9% vs 55.4%, F = 1.2). The study confirms earlier results about the short-term effectiveness of such interventions need to be assessed by type of heart failure, type of physician-nurse provider team, and case mix. Would outcomes have been different if this would have been conducted in a different setting, state, etc.? The absolute and incremental effect of such interventions needs to be assessed by type of heart failure, type of physician-nurse provider team, and case mix.</td>
<td>These study findings substantially inform our understanding of patient management strategies needed to improve clinical outcomes for a growing population of elders living longer with multiple, debilitating conditions while reducing overall costs. They suggest the potential benefit of a comprehensive, multidisciplinary, individualized intervention directed by clinical nurse experts that...</td>
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Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction.

Authors: Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH, Aiken, Linda H, Clarke, Sean P, Sloane, Douglas M, Sochalski, Julie; Silber, Jeffrey H.

Affiliation: Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, 420 Guardian Dr, Philadelphia, PA 19104-6096, USA.
Center for Health Outcomes and Policy Research, University of Pennsylvania, 420 Guardian Dr, Philadelphia, PA 19104-6096; talian@nursing.upenn.edu


Nurse staffing, mortality and burnout (BANDOLIER) 2002 Dec 9 (12): 6-7 (10678504)

Publication Type: Journal article - research, tables/charts

Language: English

Major Subjects: Nursing Staff, Hospital Mortality, Surgical Patients, Personnel Staffing and Scheduling

Minor Subjects: Nursing Outcomes, Registered Nurses, Burnout, Professional Questionnaires, Job Satisfaction, Descriptive Statistics, Pennsylvania Cross-Sectional Studies, Logistic Regression, Confidence Intervals, Odds Ratio, Postoperative Complications, Funding Source, Human

Context: The worsening hospital nurse shortage and recent California legislation mandating minimum hospital patient-to-nurse ratios demand an understanding of how nurse staffing levels affect patient outcomes and nurse retention in hospital practice. Objective: To determine the association between the patient-to-nurse ratio and patient mortality, failure to rescue (deaths following complications) among surgical patients, and factors related to nurse retention (Design, Setting, and Participants: Cross-sectional analyses of linked data from 10,184 staff nurses surveyed, 322,542 general, orthopedic, and vascular surgery patients discharged from the hospital between April 1, 1998, and November 30, 1999, and administrative data from 106 non-profit adult general hospitals in Pennsylvania. Main Outcome Measures: Risk-adjusted patient mortality and failure-to-rescue within 30 days of admission, and nurse-reported job dissatisfaction and job-related burnout. Results: After adjusting for patient and hospital characteristics (size, teaching status, and technology), each additional patient per nurse was associated with a 3% (odds ratio [OR], 1.07, 95% confidence interval [CI], 1.03-1.12) increase in the likelihood of dying within 30 days of admission and a 7% (OR, 1.07, 95% CI, 1.02-1.11) increase in the odds of failure-to-rescue. After adjusting for nurse and hospital characteristics, each additional patient per nurse was associated with a 23% (OR, 1.23, 95% CI, 1.15-1.34) increase in the odds of burnout and a 10% (OR, 1.10, 95% CI, 1.07-1.15) increase in the odds of job dissatisfaction. Conclusions: In hospitals with high patient-to-nurse ratios, surgical patients experience higher risk-adjusted 30-day mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction.

Journal Subset: Biomedical, Editorial Board Reviewed, Expert Peer Reviewed, Peer Reviewed, USA

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