What is an argument and how do I develop one?

Argue?
Argue???
Man, that seems so harsh...
Can’t we just talk?

Dr Jeannette Stirling,
Senior lecturer,
Learning Development
<table>
<thead>
<tr>
<th>Subject</th>
<th>Assessment 1</th>
<th>Assessment 2</th>
<th>Assessment 3</th>
<th>Final Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMIH101</td>
<td>Weeks 4 &amp; 5 incl. Online activity 1000 wds. 20%</td>
<td>Weeks 8 &amp; 9 Group seminar presentations 30%</td>
<td>Week 13 Essay 2500 wds. 50%</td>
<td>Exam Period Final exam 40%</td>
</tr>
<tr>
<td>NMIH102</td>
<td>Week 6 Multiple choice quiz 20%</td>
<td>Week 9 Case study 2000 wds. 40%</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>NMIH103</td>
<td>Week 7 Essay 2000wds. 45%</td>
<td></td>
<td></td>
<td>Exam Period Final exam 55%</td>
</tr>
<tr>
<td>NMIH104</td>
<td>Week 4 Multiple Choice Quiz 20%</td>
<td>Week 8 Case study 2000wds. 40%</td>
<td></td>
<td>Exam Period Final exam 40%</td>
</tr>
</tbody>
</table>
Today’s seminar will…

✔ explore techniques for developing an ‘argument’ within your academic writing with focus on the NMIH103 essay;

✔ show you how to sustain it through to a conclusion.
What is an ‘argument’????

✓ an academic discussion that expresses a point of view;

✓ a position;

✓ a stance;

✓ an informed opinion;

✓ an angle.
✓ well-researched

✓ logically structured

✓ answer

✓ to a particular question/s
How do I develop an academic discussion???

Critically assess the information/ideas relevant to the topic/question/s

Identify the range of points of view in the relevant readings.

What are their strengths & weaknesses?

Which point of view seems the most credible? Why?

What is your point of view on the topic?
And how do I present this discussion?

<table>
<thead>
<tr>
<th>As a series of main points or claims.</th>
<th>• These points support your considered &amp; logically sequenced response to the topic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each point to be developed in a separate paragraph.</td>
<td>• Every sentence in the paragraph will somehow relate to this point.</td>
</tr>
</tbody>
</table>
| Each point to be supported by evidence. | • Examples;  
• explanations / critical evaluation;  
• reference to ideas of recognised authorities in the field. |
| Overall cohesiveness | • Paragraphs (main points) should be logically ordered.  
• Clear links / connections between paragraphs (main points). |
Remember last week’s essay Introduction?

Three issues impacting on quality family-centred care for Indigenous women during pregnancy and birthing are: the lack of readily accessible health care professionals and facilities; the extensive travel and expense of travelling to larger medical facilities when complications occur; and language barriers.

Strategies to improve health outcomes for Indigenous families will involve attracting and retaining health care professionals who are aware of the need for Aboriginal cultural safety at the forefront of treatment. In examining possible solutions for the problems facing Australian Aboriginal mothers and babies, Canadian midwifery services in remote Inuit communities will be discussed. Many of these communities have developed successful birthing programmes for their Indigenous populations. These programmes incorporate the family care model which, in Australia, has been largely overlooked as an option for remote Aboriginal communities.

Introduces the topic & specifically identifies core issues.

Sets up the ‘point of view’ / position / stance to be argued.

Provides some context & previews the direction the discussion will take.
You then use paragraph structure & sequencing to develop your discussion…

Your idea/point (topic sentence) → Some evidence to support your point → Synthesis: connecting this point to your wider discussion / the topic / analysis.
The statistics relating to new mothers and their babies are quite alarming for Aboriginal women (Leeds et al. 2007). The Australian Institute of Health and Welfare Report from 2001-2004 state that foetal deaths were 11:1000 as opposed to 6:1000 in the non-Indigenous population. Preterm births are defined as being less than 37 weeks gestation. These statistics are more than double than those for the white population which stand at between ten to twelve percent and six percent respectively (Australian Institute 2004). At twelve percent, instances of low birth weight (2500g or less) for full term gestational age is double for the Indigenous population. The age range for primigravida Indigenous mothers from 15-19 years stands at twenty two percent and eighteen percent are in the 20-24 year old age group, with the mean age of first time mothers being 20.6 years. These figures indicate that Indigenous women are younger than those in the white population of Australia, where the average age for the first baby is 27.7 years (Australian Institute 2004). Indigenous women are more likely to smoke, with fifty one to seventy percent of Indigenous women smoking during pregnancy as compared to twelve percent of non-Indigenous women (Couzos and Murray 2007). Couzos and Murray (2007) also report that Indigenous women smoke 10 cigarettes or more a day and smoking increases with age. Indigenous women in remote localities are less likely to smoke compared to their urban and regional counterparts because of poorer financial status. These statistics suggest the value of multi-faceted and culturally appropriate health and education initiatives such as the “Strong women, strong babies, strong culture” program introduced in the Northern Territory in 1992.
And so what???? I hear you snort!

Weeeell.............
The statistics relating to new mothers and their babies are quite alarming for Aboriginal women (Leeds et al. 2007). The Australian Institute of Health and Welfare Report from 2001-2004 state that foetal deaths were 11:1000 as apposed to 6:1000 in the non-Indigenous population. Preterm births are defined as being less than 37 weeks gestation. These statistics are more than double than those for the white population which stand at between ten to twelve percent and six percent respectively (Australian Institute 2004). At twelve percent, instances of low birth weight (2500g or less) for full term gestational age is double for the Indigenous population. The age range for primigravida Indigenous mothers from 15-19 years stands at twenty two percent and eighteen percent are in the 20-24 year old age group, with the mean age of first time mothers being 20.6 years. These figures indicate that Indigenous women are younger than those in the white population of Australia, where the average age for the first baby is 27.7 years (Australian Institute 2004). Indigenous women are more likely to smoke, with fifty one to seventy percent of Indigenous women smoking during pregnancy as compared to twelve percent of non-Indigenous women (Couzos and Murray 2007). Couzos and Murray (2007) also report that Indigenous women smoke 10 cigarettes or more a day and smoking increases with age. Indigenous women in remote localities are less likely to smoke compared to their urban and regional counterparts because of poorer financial status. These statistics suggest the value of multi-faceted and culturally appropriate health and education initiatives such as the “Strong women, strong babies, strong culture” program introduced in the Northern Territory in 1992.
P1. Three issues impacting on quality family-centred care for Indigenous women during pregnancy and birthing are: the lack of readily accessible health care professionals and facilities; the extensive travel and expense of travelling to larger medical facilities when complications occur; and language barriers.

P3: Eighty nine percent of townships in the Northern Territory, Western Australia and Queensland are defined as remote because of their lack of medical services and distances from medical facilities.

P4: Archell, Hill and Jackson-Pulver (2007) identify the issues around retention and attraction of medical officers to remote and regional areas of the Aboriginal and Torres Strait Islander health services.

P5: The negative effects that being removed from community and loved ones in a time preceding birth has detrimental consequences for the emotional state of the mother and family.

P6: Watson, Hodson and Johnson (2002) point out the communication issues confronting many of the women sent from remote communities, some of whom have English as a second or third language. This communication problem can only be more complicated when these women are confronted with medical jargon which they do not understand.
It is your intellectual effort so remember: *always put your self in the picture*…

*Your* research should support the argument that *you are presenting*, rather *than standing instead* of your argument.
Currently, Australian health policies reflect the colonial paternalistic nature of non-Aboriginal practices by sending Indigenous women away from their families and culture to manage their pregnancies and give birth without the consideration of a family-centred care strategies (Cass et al. 2002; Watson et al. 2002).

**Useful when discussing research in a general area.**

*This is important when leading up to the specific studies most relevant to the focus of your report or essay.*
Archell et al. (2007) identify the issues around retention and attraction of medical officers to remote and regional areas of the Aboriginal and Torres Strait Islander health services.

This emphasis is useful when introducing research more closely related to a specific point because at this stage you want to discuss or emphasise a particular aspect of your findings.
Recall, too, that the Conclusion......

✓ **Will** draw together the key strands of the preceding discussion and **indicate** how these key ideas support or prove your stated thesis claim.

✗ **Will not** introduce new evidence.
Three issues impacting on quality family-centred care for Indigenous women during pregnancy and birthing are: **the lack of readily accessible health care professionals and facilities; the extensive travel and expense of travelling to larger medical facilities when complications occur; and language barriers.** Strategies to improve health outcomes for Indigenous families will involve attracting and retaining health care professionals who are aware of the need for Aboriginal cultural safety at the forefront of treatment. In examining possible solutions for the problems facing Australian Aboriginal mothers and babies, **Canadian midwifery services** in remote Inuit communities will be discussed. Many of these communities have developed successful birthing programmes for their Indigenous populations. These programmes incorporate the family care model which, in Australia, has been largely overlooked as an option for remote Aboriginal communities.

In conclusion, it is apparent that for decades health policies for Indigenous women at the time of birthing have been inadequate. Paternalistic approaches to obstetric and neonatal care have resulted in a lack of awareness about cultural safety. **The statistics examined in the preceding discussion also strongly indicate the need for more Indigenous doctors and health workers to promote better outcomes for Indigenous mothers and their babies in remote communities throughout Australia.** As I have argued, **sending pregnant women away from their support networks and into the unfamiliar surroundings of a health care system unaware of Indigenous culture, birthing rituals and language can have significantly negative effects for these women and their families.** The Canadian midwifery services for Indigenous women in northern remote communities have been a success for low risk pregnancies and allow Canadian Indigenous women to remain in their townships and give birth, assisted by locally trained registered midwives. Finally, the financial costs to the individual for travel, food, accommodation, phone calls, and so forth, are effectively addressed by the **Canadian model.** Because of all these factors the model presents a valuable solution for those health care issues confronting Australian Indigenous women living in remote communities.
Consider the following activity of living: personal cleansing and dressing

Part 1
Identify the relevant information the nurse must gather during the assessment of the person’s activity of living (personal cleansing and dressing) to discover any potential patient health problems or any difficulties in performing the activity of living.

Part 2
From the outcome of your assessment, and based on the Roper Logan & Tierney Model of Nursing, identify the nursing actions that would assist the person with the activity of living.
Before you start writing though: plan, plan, plan ...

A. Analyse the task:
   • **PLAN** each stage of your essay so that when you begin writing, you can be fairly sure that you’re going to address all aspects of the topic.

B. Briefly map your plan of action:
   • **WHAT** will be the organising focus for your discussion?
   • **HOW** do you need to order your response?

C. Consider the terms of your topic:
   • **DO YOU UNDERSTAND** the meaning of all the terms / ideas relevant to the task?
What to reference?

All of your research has to be organised into a citation system to allow you to effectively reference.

Are there any items that you don’t need to reference?
The initial management of chest pain associated with cardiac symptoms requires the administration of antiplatelet or anticoagulant medications because they facilitate opening the blocked artery or vein affecting heart function. Leonard argues that ‘the combination of aspirin plus clopidogrel is superior to aspirin alone in reducing cardiovascular mortality’. Another form of relief for chest discomfort or pain is the use of sublingual nitroglycerin. It has been suggested that ‘sublingual nitroglycerin can be used to try to relieve chest discomfort and reverse ECG changes’. Additional medication therapies that can be useful with patients presenting with chest pain are beta blockers. Crawford points out that ‘Beta blockers have been shown to be effective, apparently because of both their membrane-stabilizing effects and their beneficial effects on myocardial oxygen supply and demand’. When chest pain is present, patients will automatically receive an electrocardiogram (ECG) which will indicate any changes in the heart function.
The initial management of chest pain associated with cardiac symptoms requires the administration of antiplatelet or anticoagulant medications because they facilitate opening the blocked artery or vein affecting heart function (Crisp & Taylor 2012). Leonard argues that ‘the combination of aspirin plus clopidogrel is superior to aspirin alone in reducing cardiovascular mortality’ (2007, p. 186). Another form of relief for chest discomfort or pain is the use of sublingual nitroglycerin. It has been suggested that ‘sublingual nitroglycerin can be used to try to relieve chest discomfort and reverse ECG changes’ (Crawford 2003, p.64). Additional medication therapies that can be useful with patients presenting with chest pain are beta blockers. Crawford argues that ‘Beta blockers have been shown to be effective, apparently because of both their membrane-stabilizing effects and their beneficial effects on myocardial oxygen supply and demand’ (2003, p.65). When chest pain is present, patients will automatically receive an electrocardiogram (ECG) which will indicate any changes in the heart function.
The initial management of chest pain associated with cardiac symptoms requires the administration of antiplatelet or anticoagulant medications because they facilitate opening the blocked artery or vein affecting heart function (Crisp & Taylor 2012). Leonard argues that ‘the combination of aspirin plus clopidogrel is superior to aspirin alone in reducing cardiovascular mortality’ (2007, p. 186). Another form of relief for chest discomfort or pain is the use of sublingual nitroglycerin. It has been suggested that ‘sublingual nitroglycerin can be used to try to relieve chest discomfort and reverse ECG changes’ (Crawford 2003, p.64). Additional medication therapies that can be useful with patients presenting with chest pain are beta blockers. Crawford argues that ‘Beta blockers have been shown to be effective, apparently because of both their membrane-stabilizing effects and their beneficial effects on myocardial oxygen supply and demand’ (2003, p.65). When chest pain is present, patients will automatically receive an electrocardiogram (ECG) which will indicate any changes in the heart function.
Evaluating resources / moving the discussion along…

X states that…
X asserts that…
X points out that…
X takes the view that…
X concludes that…
X claims that…
X suggests that…
X observes that…
X proposes that…
X insists that…
However, Y argues that…
The evidence suggests that…
The need for Indigenous people to feel culturally safe within a medical and hospital environment is a matter of concern for health care practitioners dealing with an Indigenous family-centred care setting. In this context, cultural safety is defined as:

more or less an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are or what they need. It is about shared respect, meaning and shared knowledge and experience of learning together with dignity and truly listening. (Williams 1998, p.2)

Williams (1998) states that national policies have attempted to ensured the dependence of Aboriginal people by managing, controlling and protecting them rather than acknowledging and accepting cultural differences when developing Aboriginal policy. Changes in education for health practitioners to increase their awareness of the cultural uniqueness of Indigenous peoples needs to be included in training programs to enhance the health outcomes in family-centred care (Cass et al. 2002; Watson et al. 2002). Currently, Australian health policies reflect the colonial paternalistic nature of non-Aboriginal practices by sending Indigenous women away from their families and culture to manage their pregnancies and give birth without the consideration of a family-centred care strategies.

Used with permission
Previewing some upcoming attractions…

- **NMIH101**: In-class presentations – Weeks 8 & 9

- **NMIH104**: Preparing for the case study – Week 8
NMIH101: In-class presentations

- **Plan ahead**: tasks & individual responsibilities

- **What will your presentation** look like (style; graphics; etc.)?

- **What will the focus** of your presentation be & how will you organise an effective time frame?

- **Will you use technology** in your presentation?
The Case Study

Length: 2000 words

Grade value: 40%

Due: Week 8
And a case study is...

A detailed account of a particular individual; clinical event; workplace procedure.

| The **role** of the Nursing case study is to examine individual variations in patient populations and explore social impacts effecting health care management. | The **purpose** of the case study is to apply & review generalised theoretical principles in a specific context. | The **audience** is usually fellow professionals. |
Generally, the term ‘case study’ refers more to the assignment question than the format of the finished assignment.

If you are required to answer one, two, or more questions related to a case study example, it is more likely that your assignment will resemble an essay: **Introduction—Body—Conclusion**.

Essays written in response to case studies will often share some characteristics of the report format in that information can be organised into sections with headings & recommendations can be made in your conclusion.
Have a beaut break!

What would you like to focus on next week?