

TEACHING NURSING DIAGNOSES: FOSTERING CRITICAL THINKING



Maria Müller-Staub (PhD, MNS, EdN, RN)
Pflege PBS / ZHAW University, Switzerland

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Presentation

- Background
 - Critical thinking and the Nursing Process
 - Classifications = Knowledge Base of Nursing
 - Problems: Educational needs
- Research aims
- Case Study Method (CSM)
- Sample and duration of CSM
- Example CSM-Session
- Evaluation and Findings
- Conclusions

Background

- Practice requires complex thinking processes
- Critical thinking: an intellectual, disciplined process of
 - active conceptualisation
 - application and
 - synthesis of information
- It is gained through observation, experience, reflection and communication and leads thinking and action (Paul, 1993)



Background

Critical thinking influences all aspects of clinical decision making:

- a) diagnostic judgement
- b) therapeutic reasoning
- c) ethical decision making

(Gordon, 2009)



Human reactions are complex processes

Human behaviour is interpreted in the focus of health (Lunney, 1998; 2011; Webster 1984; Müller-Staub, in press)

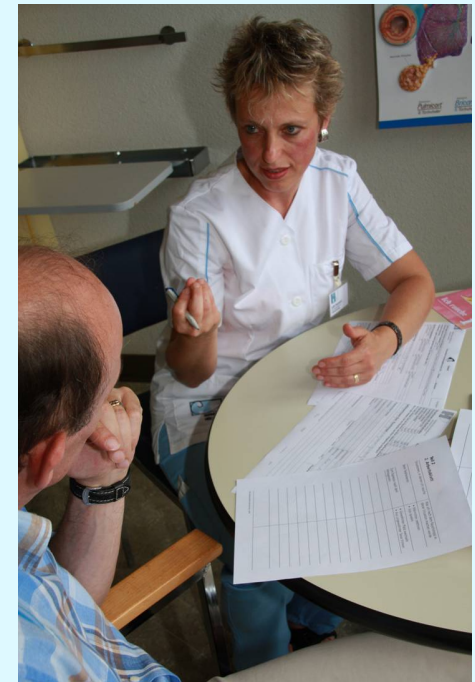
The nursing process (problem-solving)

Attention to the nursing diagnostic process

(Carlson-Catalano, 1998; Lunney 2007)

The nursing process includes

- stating nursing diagnoses
- choosing nursing goals/desired outcomes
- choosing nursing interventions
- evaluating diagnoses, interventions and outcomes (American Nurses Association ANA, 2009)



Classifications = Knowledge Base

- **Nursing diagnoses (NANDA)**
(impaired mobility, hopelessness)
- **Nursing interventions (NIC)**
(exercise therapy, hope instillation/self-modification assistance)
- **Nursing outcomes (NOC)**
(enhanced ambulation, hope)

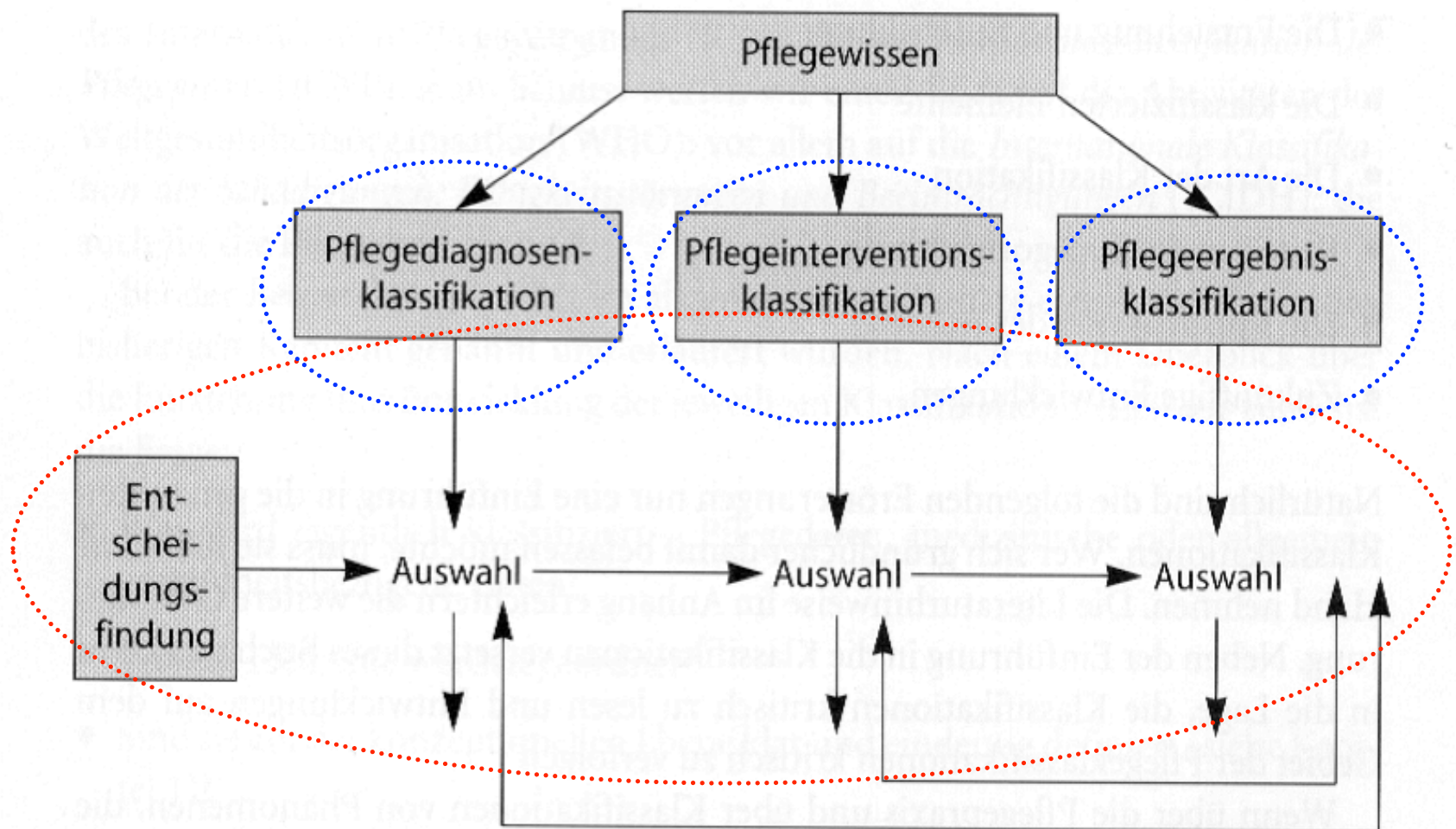


Abbildung 5-1: Das Pflegewissens- und Entscheidungsfindungsmodell (McCloskey und Bulechek, 1992)

Problems

- Clinical decision making/critical thinking underestimated in school settings
- Research reveals nurses' educational needs
 - in clinical decision making/critical thinking
 - in use/application of nursing classifications

(Delaney, Herr, Maas, & Specht, 2000; Ehrenberg & Ehnfors, 2010; Thoroddsen, 2009; Müller Staub, 2007; 2010)



Research aims and methods

1. Development of a Case Study Method (CSM) to foster clinical decision making and critical thinking in nurses
2. Application of CSM in continuous education sessions
3. Evaluation of the effect of CSM by qualitative questionnaires

Case Study Method (CSM)

Aims

Fostering nurses' clinical decision making and critical thinking skills

Nurses can accurately assess patients' needs, choose accurate nursing diagnoses, interventions and outcomes based on NNN

Case study method (CSM)

- Interactive 'reflecting rounds'
- Iterative hypothesis testing
- Using actual patients' situations (cases)

Phases of CSM-Sessions

- Pre-phase
- Case selection phase
- Case delineation
- Case work
- Case evaluation

Case study method (CSM)

Phases of CSM-Session

- Pre-phase
- Selection phase
- Case delineation

Example



Case study method (CSM)



- Case work
- Case evaluation
 - nursing diagnoses (NANDA-I, PES)
 - choosing nursing interventions
 - stating and evaluating nursing outcomes

(Müller-Staub & Stucker-Studer, 2007; Doenges et. al, 2003, 2007)

Case Evaluation (CSM)

- Which nursing diagnoses (label and definition, problem statement)?
- Related factors/etiologies of the patient?
- Which defining characteristics does the patient show?
- Choosing coherent, desired outcomes
- Planning/performing effective, etiology-specific interventions
- Evaluating/documenting patient outcomes

- Coherence: Interventions + outcomes
- Coherence: Diagnoses + outcomes

Sample and application of CSM

Case study sessions were provided to

- 5 groups of nurses
(n = 13-15; N = 72 nurses)
- 10 Sessions were provided over a duration of 1.5 years to all groups
- The duration of each session was 1/2 day

Evaluation of CSM

- Qualitative questionnaires (N = 72)
- Containing nine semi-structured questions
- Analyses: Mayring's qualitative analysis approach
- Summarizing, rephrasing and categorizing findings
- Findings: Core themes

Findings

Nurses' learning effects, thematically categorized:

- Patients' problems were perceived more patient - centred
- Accurate nursing diagnoses were stated
- More effective nursing interventions were chosen and implemented
- Nurses improved communication skills and relationships with patients

Findings

Patients' problems are perceived more patient - centred

“I understand patient's situations in a more patient-centred way”

“I learned that standardized nursing diagnoses are formulating the patients problems in his/her perspective”

„ My care plans show more specific patient problems, described in the patients perspective“

Nurses' learning effects

Accurate nursing diagnoses are stated

“I learned to state accurate diagnoses, based on corresponding signs/symptoms and related, etiological factors”

“My care plans contain exactly stated nursing diagnoses in PES”

“I state accurate, individual nursing diagnoses in care plans, containing signs/symptoms and related factors”

Nurses' learning effects

More effective nursing interventions are chosen

“Hypothesis-testing rounds helped me to differentiate nursing diagnoses and to search specific nursing interventions”

“I’m choosing more specific interventions”

“I learned to appreciate and implement effective nursing interventions”

“My view about nursing and interventions has broadened, I now choose more and different nursing interventions, such as active listening, comfort-giving”

Nurses' learning effects

Nurses improved their professional relationships and enhanced their communication skills and caring behaviour

“I became aware that I got a better understanding of patients' situations - I'm stepping into their perspective, and I'm more reflecting my care given”

“I enhanced my communication skills and caring behaviour”

“By using CSM, I became more sensitive to listen/observe to patients' cues, hints and what they say - verbally and non-verbally”

Literatur

- American Nurses, A. (2009). *Nursing Process*. Kansas City: American Nurses Publishing.
- Balint, E. (1987). Die Geschichte von Fortbildung und Forschung in Balintgruppen. In C. Nedelmann (Ed.), *Die Methode der Balint-Gruppe*. Stuttgart: Klett-Cotta.
- Balint, M. (1988). *Der Arzt, sein Patient und die Krankheit*. Stuttgart: Klett-Cotta.
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo-Park: Addison-Wesley.
- Benner, P., Tanner, C. A., & Chesla, C. A. (1996). *Expertise in Nursing Practice: Caring, Clinical Judgement, and Ethics*. New York: Springer.
- Bulechek, G. M., & McCloskey, I. C. (1985). *Nursing interventions: Treatments for nursing diagnoses*. Philadelphia: W.H. Saunders.
- Carlson-Catalano, J. (1998). Critical Thinking & Nursing Diagnoses: Case Studies & Analyses. In M. Lunney (Ed.), *A learning method to develop diagnostic skills*. Philadelphia: Nursecom.
- Conger, M. M., & Mezza, I. (1996). Fostering Critical Thinking in Nursing Students in the Clinical Setting. *Nurse Educator*, 21(3), 11-15.
- Doenges, M. E., Moorhouse, M. F., & Geissler-Murr, A. C. (2003; & in press). *Pflegediagnosen und Massnahmen*. Bern: Huber.
- Giro, E. A. (2000). Graduate nurses: critical thinkers or better decision makers? *Journal of Advanced Nursing*, 31(2), 288-297.
- Gordon, M. (2009). *Assess Notes*. Davis, Philadelphia.
- Gordon, M. (2004). *Nursing Diagnoses - State of the Art*: M. Müller Staub, Pflege PBS, Bern.
- Gordon, M., & Bartholomeyczik, S. (2001). *Pflegediagnosen: Theoretische Grundlagen*. München: Urban & Fischer.
- Greenwood, J. (2000). Critical thinking and nursing scripts: the case for the development of both. *Journal of Advanced Nursing*, 31(2), 428-436.
- Guilford, J. P. (1977). *Way beyond the IQ: Guide to improving intelligence and creativity*. Buffalo, NY: The Creative Education Foundation.
- Hayakawa, S. I., & Hayakawa, A. R. (1990). *Language in thought and action* (5 ed.). San Diego: Harcourt Brace.
- Lunney, M. (2003). Critical thinking and accuracy of nurses' diagnoses. *International Journal of Nursing Terminologies and Classifications*, 14(3), 96-107.
- Lunney, M., & Paradiso, C. (1995). Accuracy of interpreting human responses. *Nursing Management*, 26(10), 48H-48K.
- M. Lunney (Ed.), Critical thinking to achieve positive health outcomes: Nursing case studies and analyses. Ames, IA: Wiley-Blackwell.
- Lunney, M. (2011). Critical Thinking, Clinical Reasoning and Accuracy of Nurses' Diagnoses, ZHAW University, Switzerland.
- Martin, G. W. (1996). An approach to the facilitation and assessment of critical thinking in nurse education. *Nurse Education Today*, 16(1), 3-9.
- Mavring, P. (2002). *Qualitative Inhaltsanalyse: Grundlagen und Techniken* (8 ed.). Stuttgart: UTB für Wissenschaft.

- Müller Staub, M. (1992). *Der Balintansatz in der Supervision*. Zürich: Institut für Angewandte Psychologie.
- Müller Staub, M. (1993). *Balintarbeit - ein Beitrag zu beziehungsorientierter Pflege*. Ascona: Schweizerisches Rotes Kreuz / Stiftung Psychosomatik und Sozialmedizin.
- Müller Staub, M. (2002a). *Arbeitsunterlagen: Auswertung Fallbesprechungen*. Ausbildungszentrum Insel, Bern.
- Müller Staub, M. (2002b). Qualität der Pflegediagnostik und PatientInnen-Zufriedenheit. *Pflege: Die wissenschaftliche Zeitschrift für Pflegeberufe*, 15, 113-121.
- Müller Staub, M. (2005a). *Arbeitspapier: Auswertung Fallbesprechungen*. Bern: Notfallzentrum Insel.
- Müller Staub, M. & Stucker-Studer, U.: (2006). *Klinische Entscheidungsfindung und kritisches Denken im pflegediagnostischen Prozess*. *Pflege*, 19: 275-279
- Müller Staub, M. & Stucker-Studer, U.: (2006). *Klinische Entscheidungsfindung: Förderung des kritischen Denkens im pflegediagnostischen Prozess durch Fallbesprechungen*. *Pflege* 2006; 19:281–286
- Müller-Staub, M., Lavin, M. A., Needham, I., & van Achterberg, T. (2006). Nursing diagnoses, interventions and outcomes - Application and impact on nursing practice: A systematic literature review. *Journal of Advanced Nursing*, 56(5), 514-531.
- Müller-Staub, M. (2009). Preparing nurses to use standardized nursing language in the electronic health record. *Studies in health technology and informatics: Connecting Health and Humans*, 146, 337-341.
- Müller-Staub, M., Needham, I., Odenbreit, M., Lavin, M. A., & van Achterberg, T. (2008). Implementing nursing diagnostics effectively: cluster randomized trial. *Journal of Advanced Nursing*, 63(3), 291-301.
- NANDA. (2009-2011). *Nursing Diagnoses: Definitions and Classification*. Philadelphia: NANDA International.
- Radwin, L. E. (1995). Knowing the patient: a process model for individualized interventions. *Nursing Research*, 44(6), 364–370.
- Roth, J. K. (1988). *Hilfe für Helfer: Balint-Gruppen*. München: Piper.
- Roth, J. K. (1990). Die Balint-Gruppe: Ein Klassiker der Supervision. In G. Father & C. D. Eck (Eds.), *Supervision und Beratung*. Köln: Edition Humanistische Psychologie.
- Sternberg, R. J. (1997). *Successful intelligence: How practical and creative intelligence determine success in life*. New York: Plume Books.

Conclusion

Studies confirmed: CSM fosters Critical thinking and Clinical Decision Making

Using NNN helps to accurately state nursing diagnoses and to choose effective interventions

We recommend CSM combined with implementing standardized Nursing Classifications

(NNN, Doenges et.al, 2009;2010, Gordon, 2009)

Thank you!

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