NURSING DIAGNOSIS: STATE OF THE ART

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TRANSITIONS FROM MEDICAL FRAMEWORK TO NURSING FRAMEWORK FOR PRACTICE

FOR EXAMPLE
BIOMEDICAL SYSTEMS ASSESSMENT
TO FUNCTIONAL HEALTH PATTERNS

NURSING PROCESS AS A SET OF JUDGMENTS THAT USE CRITICAL THINKING SKILLS

- DIAGNOSTIC JUDGMENT
- THERAPEUTIC JUDGMENT
- ETHICAL JUDGMENT

VISIBILITY!

In hospital records
In health team conferences
In hospital statistics

Without a language, nursing is invisible in health care systems and its value and importance go un-recognized and un-rewarded. (International Council of Nurses,1994)

The clinical practice of nursing is

GONE WITHOUT A TRACE !

THUS,

We never learn from the history of practice (on records) what interventions were effective or what clinical judgments were correct!

Language Development

Naming “things” permits identification and communication with others.

LANGUAGE DEVELOPS WHEN PEOPLE THINK WHAT THEY DO AND WHAT THEY THINK ABOUT IS IMPORTANT ENOUGH TO DESCRIBE, DISCUSS, AND RECORD.

NANDA, NIC, AND NOC ALLIANCE 2002

FOR LANGUAGE DEVELOPMENT

FOUR DOMAINS AND 28 CLASSES CONTAIN

155 NANDA DIAGNOSES
486 NIC INTERVENTIONS
260 NOC OUTCOMES

Nursing Classifications Today (Developed as Concepts)

- 155 Diagnoses (NANDA)
- 486 Interventions (NIC)
- 260 Outcomes (NOC)

75 CONCEPTUAL AREAS OF DIAGNOSIS

FACTORS INFLUENCING LANGUAGE AND CONCEPT DEVELOPMENT

- CHANGES IN THE HEALTH CARE SYSTEM
- DEMOGRAPHIC CHANGES IN PATIENT POPULATIONS
- NURSING SCIENCE DEVELOPMENT

Nursing Diagnoses, Interventions, and Outcomes are the building blocks of Nursing Science

FACTORS INFLUENCING LANGUAGE AND CONCEPT DEVELOPMENT CONTINUED

- COMPUTERIZATION OF CLINICAL RECORDS
- TEACHING CLINICAL JUDGMENT AND COMMON DIAGNOSES

Diagnostic Concepts versus Diagnostic Codes

- Codes have labels
- Concepts have
  - Labels.
  - Definitions,
  - Characteristics, and
  - Related Factors

Agency For Health Care Policy

National Guidelines For Practice

N=812+

Examples:

Pain, Incontinence,

Pressure Ulcer, Depression

<WWW.guidelines.gov>

ANALYTICAL JUDGMENT

(Logical reasoning)

NON-ANALYTICAL JUDGMENT

(intuition)

CONDITIONAL REASONING

(If A then B)

DIAGNOSTIC PROCESS COMPONENTS

- INFORMATION COLLECTION
- INFORMATION ANALYSIS
- INFORMATION SYNTHESIS
- DIAGNOSTIC JUDGEMENT

INFORMATION COLLECTION USING
FUNCTIONAL HEALTH PATTERNS ASSESSMENT FORMAT

ELEVEN FUNCTIONAL HEALTH PATTERNS

1. HEALTH PERCEPTION-HEALTH MANAGEMENT PATTERN
2. NUTRITIONAL -METABOLIC PATTERN
3. ELIMINATION PATTERN
4. ACTIVITY-EXERCISE PATTERN
5. SLEEP-REST PATTERN
6. COGNITIVE-PERCEPTUAL PATTERN
7. SELF PERCEPTION-SELF CONCEPT PATTERN
8. ROLE-RELATIONSHIP PATTERN
9. SEXUALITY-REPRODUCTIVE PATTERN
10. COPING-STRESS TOLERANCE PATTERN
11. VALUE-BELIEF PATTERN

FUNCTIONAL HEALTH PATTERNS: ICELANDIC

1. Heilbrig-isvi-horf, skynjun eigin heilbrig-is og heilbrig isstjórnun
2. Næring og hú_
3. Útskilna_ur
4. Sjálfbjargageta, hreyfing, virkni og _jálfun
5. Svefn og hvíld
6. Vitsmunir og skynjun
7. Sjálfsmynd og _ekking
8. Hlutverk og félagsleg tengsl
9. Kynlíf og barneignir
10. A_lögun og streitu_ol
11. Sko_anir, gildismat og trú

Functional Health Patterns: Dutch

1. Patroon van gezondheidsbeleving en instandhouding
2. Voedings-enstofwisselingspatroon
3. Uitscheidingspatroon
4. Activiteitenpatroon
5. Slaap-rustpatroon
6. Cognitie-en waarnemingspatroon
7. Zelfbelevingspatroon
8. Rollen-en relatiespatroon
9. Seksualiteits-en voortplantingspatroon
10. Stressverwerkingspatroon
11. Waarden-en levensovertuigingenpatroon

QUESTIONABLE "NURSING" DIAGNOSES

- IMPAIRED GAS EXCANGE
- DECREASED CARDIAC OUTPUT
- INEFFECTIVE TISSUE PERFUSION (SEE TYPES)
- DECREASED INTRACRANIAL ADAPTIVE CAPACITY
- EXCESS FLUID VOLUME

CONTEXTUAL FACTORS THAT INDIVIDUALIZE ASSESSMENT AND DIAGNOSIS

- AGE/DEVELOPMENTAL STAGE
- GENDER
- CULTURE
- DISEASE, IF PRESENT

GENERATING POSSIBILITIES
(TO EXPLAIN ASSESSMENT DATA)

HYPOTHESIS GENERATION
(DIVERGENT THINKING)

RECOGNIZING A CUE INDICATING A POSSIBLE PROBLEM OR RISK STATE SHIFTS THE NURSE INTO THE DIAGNOSTIC PROCESS

Types of Defining Characteristics

- Diagnostic cues (critical defining characteristics, criteria for a diagnosis)
- Supporting cue (characteristics that support a judgment)

Cue+Cue +Nursing Judgment =Possibilities To Be Investigated

INFORMATION CLUSTERING AND ANALYSIS---- HYPOTHESIS GENERATION
(DIVERGENT THINKING)

USE KNOWLEDGE OF DIAGNOSES AND THEIR DEFINING CHARACTERISTICS TO IDENTIFY POSSIBILITIES

Cue+Cue+Cue+Nursing Judgment =Diagnosis

POSSIBILITES CHECKED OUT----COLLECT MORE INFORMATION!

HYPOTHESIS TESTING
(CONVERGENT THINKING)

LIKE DETECTIVE WORK!

Rules

If it is a bird , it has to have feathers and wings

"RULES" FOR USING CONCEPTS

If self feeding deficit, what has to be present?

If body image disturbance, what has to be present?

INTUITION AND PATTERN RECOGNITION

(NON-ANALYTICAL PROCESSES)

THREE FACTORS

1. AMOUNT OF EXPERIENCE
2. SITUATIONAL REQUIREMENTS
3. THE DIAGNOSTIC TASK

DIAGNOSTIC STATEMENT

PROBLEM -ETIOLOGY

Use Knowledge of Causal Relations
(what causes what?)

Mr. B is an 82 year old unmarried, former teacher. He has marked weakness in his left and dominant arm following a cerebrovascular accident. He is alert and lives alone.

Miss C, a 25 year old secretary, is admitted for diagnostic work-up. She has enlarged and tender axillary lymph nodes and a low grade fever. She complains of difficulty falling asleep last two nights.

Low professional nurse staffing levels were associated with higher rates of serious complications

(urinary tract infections, pneumonia, sepsis, deep vein thrombosis,upper G.I. Bleeding, shock, cardiac arrest mad some deaths from these complications)

<6 million patients
(Needleman, et al, 2002)

How can the findings be explained?
What are nurses doing?

"Increased numbers of practical nurses or nurses' aides, alone, did not insure that these complications were prevented." (Needleman,et al, 2003)

How do we explain these results?

Was it just the number of nurses present?

Or were they doing something? If so, what?

DECLINE IN THE NUMBER OF TOTAL NURSING STAFF WAS ASSOCIATED WITH GREATER INCIDENCE OF PRESSURE SORES, FALLS, PNEUMONIA, AND INFECTIONS (Unruh, 2003)

COULD IT BE THAT:

Clinicians have not demanded that their contribution to health care should be visible and taken into account?

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Mr. A., a 72 year old, former architect, has returned to the Blue Dale Nursing Home after a total hip replacement. He has been on bedrest for two weeks and is very reluctant to move in bed. He complains of severe discomfort in his lower back.