

Channelizing Nurses Regarding Learning Area Specific Nursing Diagnosis for Delivering Quality Care Through a Leadership Approach

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Abstract

Nursing profession is diverse with variety of care and roles. Leadership is an effective role that nurses play in a professional and nonprofessional both capacities. To comply with quality protocols and best practices, the professional role of nurse is very evident. To examine and analyses this along with learning leadership role, the authors has identified area specific problems and brought interesting solutions of it. The designated leadership practice area was gastro-enterology and has variety of issues, from which one was prioritized for practice and improvement. Nursing diagnosis is very important part of nursing process which strengthens the process and helps to identify various care related issues of patients. This will also lead to better care plans and implementation of nursing process as guided by Florence nightingale. An effective identification and making of nursing diagnosis will support best practices of quality care and will satisfy clients with holistic approach. The academic project was one of the best examples to implement this very interesting issues and also to learn the leadership roles and channelize nurses to work properly on nursing diagnosis and care plans as recommended. This also brought further opportunities of learning and research through various methods of assessing the nurses, evaluating their practices and educating them to improve further in their practice areas. In addition, the factors involved in not maintaining these activities during the specific patient care time, the fish bone diagram is used to highlight those factors as well.

Keywords: Leadership, Nursing Diagnosis, Nurses, Nursing Process, Care, Quality

Introduction and Background

Nursing is a noble profession that requires dedication, compassion, love and care for patients. Nursing as a profession is important because it reflects the standard practices, quality care & gives the centrality to patients' health. Standards of nursing practice can be defined as set of norms for providing high quality care & a definite way to evaluate it [1]. It also provides nurses with a framework for developing competencies. The guidelines are essential to monitor that how nurses are performing professionally in both clinical and non-clinical setups. Excellent nursing practice is a reflection of ethical standards, which is estimated on the basis of professionalism, quality and satisfaction remarks coming from patients and families [2].

Florence Nightingale, founder of modern nursing provided the professional model for nursing and its organizational practice. She gave the concept of holistic nursing that all practices that has healing potential for the patient is the major nursing focus and a nurse's ultimate clinical and professional goal [3]. Her most significant contribution to nursing practice is her cyclical process which comprises of stages where assessing, diagnosing, setting goals, planning, intervening and evaluating the outcomes become major categorical nursing tasks. This process not only gave nursing a scientific foundation but also guided nurses about how to provide

competent care to client in all healthcare settings including hospital, community, and home based setups, resident homes, humanitarian camps etc. However, nursing practice in many countries have just received a significant value, which was not similar about two decades ago. The persistence of negative public image can still deteriorate the value of the profession and nurses themselves [4].

Seeking professionalism in nursing theory and practice is of great significance. Utilization of nursing process is the core fundamental characteristic to guide the nursing practice. Effective evidence based approach to care can more upgrade the nurse's image in society with time [5]. Evidence based practices (EBP) aims in standardizing healthcare practices & to provide scientific approach to the healthcare setup. Development of EBP is fueled by the increasing public & professional demand for accountability in safety and quality improvement in health care. Therefore, it is essential for nurses to demonstrate themselves more care oriented or patient orientated professionals then task orientated service providers in practice settings [6].

According to one of the study performed with nurses in a country, where data collected from 6 hospital settings and from there 210 nurses consented and become part of the study. The study revealed that almost 90% nurses were less aware about the concept and implementation of nursing process. Almost every nurse had a positive attitude towards nursing process and its practice (but it was not

practically implemented in care settings). Majority (75%) of the nurses responded that nurse-patient ratio was not optimal to apply the nursing process [7].

It is also seen in literature that, here were some nurses who have no proper knowledge about the steps of nursing process. In addition, the main obstacles for the application of nursing process were resource scarcity, time shortage & lack of adequate knowledge. Besides this, lack of training on application of the nursing process is one of the factors why nurses lack adequate knowledge to apply the nursing process. These all factors contribute in declining the standards of practice which in turn affects the patient's care [8]. Nursing Process is the systematic and dynamic way to deliver nursing care. These operate through five interrelated steps; assessment, diagnosis, planning, implementation, and evaluation. It is appropriate method to explain the nursing essence & humanist assumptions that encourage critical thinking and creativity. It also permits crucial problems solving in professional practice. It represents understanding of nursing work which is focused on care as a reflective practice [9].

All steps of the process are interconnected and significant. This paper mostly focuses on nursing diagnosis, as nurse analyzes the assessment data to determine the diagnoses or issues. She or he documents in a manner that facilitates the determination of expected outcomes, plan of care, implementation and evaluating the outcome. If the diagnosis is not designed properly or not identified or decided on the basis of assessment, it is completely a failure that a nurse will be unable to intervene the patient's needs accordingly [10]. Nursing Diagnosis is different from a medical diagnosis as medical diagnosis decides what sort of disease and related symptoms are present in a patient and what sort of medical or surgical care is required. Nursing diagnosis focuses on the current situation of a client potentially focusing on nursing care related goals and support the client to achieve his or her regular routine even they are hospitalized [11]. A common example for medical diagnosis would be pneumonia and a nursing diagnosis for a client with pneumonia can be anything but the priority would be ineffective airway clearance related to secretions. Nursing diagnosis should be strong and based on active assessment of a nurse [12].

A nursing diagnosis has few parts, including problem, etiology and symptoms. A problem is a main issue identified through assessment, etiology is a related factor which increases or brings this issue and symptoms are the evidences that shows and connects the issue with the assessment and proves that how this issue is identified [13]. There are multiple issues going on in a patient's body and mind and they should be prioritized according to its need and severity in terms of supporting a positive health outcome for the patient. For example, a patient electively admitted for a prostate surgery has sleep disturbance due to change in environment and once you settle his sleep which not satisfactory, he also faces blood in urine. In this case, urinary system would be your priority focus as it might trouble the medical condition but comparatively sleep wouldn't. Once the chain is completed on the basis of active assessment, it is documented and intervened. Let's take an example and understand the complete statement.

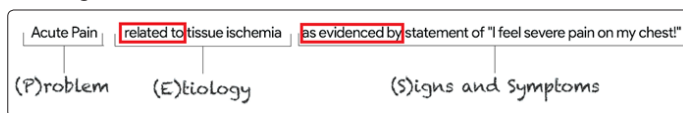


Figure 1: Example of a nursing diagnosis

The example is self-explanatory as the issue is acute pain (currently, active) and the factor that brings this issue is ischemia or also it can be written as any mechanism (pathological reaction in the body e.g. thinking of wall etc.) and later added as secondary to by mentioning the name of proper disease of pathological condition. Lastly, the evidences are signs and symptoms that confirm your diagnosis or decision. The phrases of related to and as evidenced by in red show the connection of all these three parts of a proper diagnosis.

Methods and Materials

The academic project and action research was done in a tertiary care hospital's general ward. The ward was not selected on basis of any criteria as it was assigned on the basis of clinical placement of the authors. Since, the area focused on general surgery and gastroenterology clients, our focus of nursing process and nursing diagnosis surrounds the particular specialty. The overall activity along with the research application and evaluation took 3.5 months catering around 35 Registered Nurses and 15 Nursing Assistants.

Multiple methods were used to strengthen the study results, these included:

1. Daily clinical observations of nurses' care in focus of their diagnosis by project team.
2. To gather information with evidences about no specific nursing diagnosis made by staff members, the team reviewed medical files of patients where nursing care plans and diagnosis were documented.
3. In regard to assess the baseline knowledge of nurses regarding nursing diagnosis of their particular area a survey/checklist was provided. (match the current issue/problem or complain with potential nursing diagnosis)
4. Since the contradiction in survey results as part of baseline knowledge with the real practices of nurses was expected, the team individually interviewed the nurses with a semi structured interview format, inquiring about reasons and root causes of not focusing on nursing diagnosis.
5. Training session for nursing staff to support and reevaluate their knowledge as well.

Results and Discussion

Nursing diagnosis serves as the basis for development of effective nursing care plans, thus creates a positive chain of nursing process. This chain support client's health and provide better outcomes. Without an operative care plan, nurses will have no list of interventions required to fulfill patients' needs for care [14].

Keeping that understanding in mind the above methods provide the following observations and finding that strengthen team's implementation activities. It was observed that in each and every patient record file only a few common nursing diagnoses were mentioned regardless of the patients' current condition and priority health problems. There were no evidences of active assessment eve. The common diagnosis that were mentioned related to anxiety, pain or fall even the client has no active complains. There were no continuous assessment and none of diagnosis were rechecked on that basis. Working in a setup of gastro-enterology, nurses have no priority diagnosis related to bowel, gut, fluid electrolyte imbalance etc. Management's clinical issues focused on other categories and client's nursing management in an actual format was nowhere mentioned a significant highlight.

There were several reasons arising from seven root causes from six areas i.e.: staff, management, material, equipment, environment and process, which is also represented with the help of fish bone diagram below.

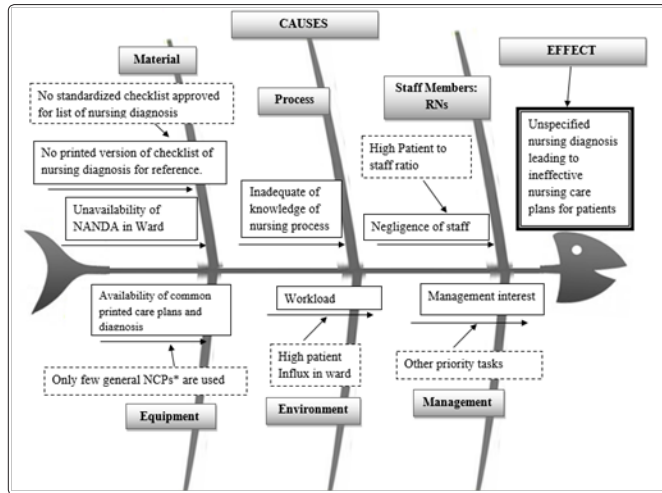


Figure 2: Fish Bone Diagram

Staff usually voice that high patient to staff ratio make them busy with the routine care of the patients. Therefore, they do not focus on nursing care and only have enough time in their shift to carry out all the routine care and physician's orders. On the other hand, management also has so many other burning issues of the patients and their attendants that they do not focus on the nursing diagnosis and NCPs (nursing care plans) made by staff in patient record file. However, management and especially team leaders usually try to ensure that at least nursing diagnosis and NCPs are written in the space provided in the initial assessment form and patient's bedside file.

Also, the staff acknowledges the fact that they do not have any material resources available in the ward. There is unavailability of books or references for nursing diagnosis and no any approved checklist of nursing diagnosis specific for a disease process is available in the ward for a quick reference, to make the nursing diagnosis and care plan accordingly. Fortunately, equipment like printer and papers facilities were adequate in the ward. However, only a few printed NCPs were available that were used by nurses, as shared by the receptionist. Moreover, the ward environment with heavy patient influx for surgeries does not allow the nurses to have enough time to print NCPs and spend time on making specified nursing diagnosis. Therefore, assigned nurses document only a few nursing diagnosis in patients' file to save time. In contradiction, literature supports that it is important to document all the care plan interventions to have continuity of care by caregivers [15].

Another important cause that adds to this issue is inadequate knowledge of staff members about the nursing process and specific nursing diagnosis for particular disease process. This cause holds great importance to be concerned about, as nurses' self-knowledge and critical thinking is essential in providing holistic care to patients [16]. Thinking critically assure that nurse will take the best decisions for health of patients [17]. The results of pretest survey activity conducted by the team in the ward clearly explains that more than 50% of staff do not have satisfactory knowledge about nursing diagnosis. The following table shows the percentage of total staff who secured results in the survey reading nursing diagnosis.

S.#	Score Percentage	Participants in Percentage(n=50)
1	80 -100%	33.33%
2	60 -80%	11.11%
3	Below 60%	55.56%

Integration of Leadership role

Leadership is an essential part to be touched during this project as it was held under the leadership course. Moreover, nurse leaders like head nurses, nurse instructors and managers apart from education and strategic planning are keen in terms of quality and positive implementation of activities that impact patient's health [18]. That is why nursing leadership has a huge connection with nursing process implementation. Leaders' roles as communicator, educator, helping hand, and implementers are more prominent in literature. Also, assuring that evidenced based practices (like nursing process) should be routinely implemented in clinical areas for better health outcomes and positive patient satisfaction [19]. In addition, the theoretical concepts about leadership styles and traits supports that a leaders should be ideated about need and context. Since, nursing curriculum trains graduate nurses about very general manner of leading their roles in management capacity. However, performing those roles in terms of context is very much different and many of these nurses in our context understand the dynamics and lead it wonderfully. This is very significant to understand because nursing process in generalized thing which runs in every ward or clinical setup but its needs and contexts are different in various specialties. Similarly, if the nurse leaders understand the context of her area she will be better leader in terms of advocating clients and supporting nurses' learning for better outcome of the clinical area of specialty [20].

Recommendations and Conclusion

With this project and its learning, it is strongly recommended that best strategies should be implemented in nursing courses which integrate the curriculum and practice so that nursing process can be utilized in a practical manner in clinic setup. Integrated maps should not only be theoretical rather used as documentation strategy after implanting all activities on client. Diagnosis should be considered as very evident part and keen observations on patient's status should be continued. In terms of updated research this part as nursing essential is very less explored. Furthermore, educators' role in training novice nurses about written and working process of nursing diagnosis should be more strengthen.

In conclusion, nursing standards of practice and care are only pertaining when it is demonstrated by a nurse through following the nursing process as daily performance task. These involve assessment, diagnosis, implementation and evaluation competencies. The nursing process is the foundation of clinical decision making and encompasses all significant action taken by nurses in providing care to patients. While nursing standards of professional performance represent roles of all professional nurses, there are many other responsibilities that are hallmarks of professional nursing. This includes nurses should be self-directed and purposeful in seeking necessary knowledge and skills to enhance understanding of clinical area, updated and evidenced based practices, keen involvement in leadership roles and upgrading their own selves to progress and contribute in patient care at a different level of decision making.

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