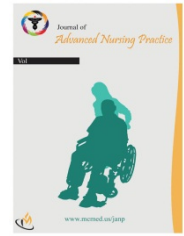




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A REVIEW ON NURSING DIAGNOSTICS

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ABSTRACT

The message is that nursing care is about a collaborative and respectful partnership between the service provider and user. The service provider respects the contribution the service user can make to their own health, such as their values, goals, past experience, and knowledge of their own health needs, and the service user respects the contribution the service provider can make, including their professional expertise and knowledge, information about the options available to the service user, and their values and experience. Both the service provider and service user are important as people within the partnership, neither is interchangeable and the experiences of one cannot be generalised to another. It is important to recognize that nursing is the totality: while some parts of the definition are shared with other health care professions, the uniqueness of nursing lies in their combination. The definition takes account of the great diversity of nursing, which includes the care of people who are healthy as well as those who are sick, and of groups of people as well as individuals.

Key words:

INTRODUCTION

It is part of the social mandate of a profession to make clear to the public the nature of the service it offers, and to ensure the quality of its service through mechanisms such as professional regulation. This is the basis of the relationship of trust between the profession and the public it serves and between the individual professional and the patient to whom the professional owes a 'duty of care'. In specifying the service it offers, however, the profession must be sensitive and responsive to the needs of those it serves. Patients need and have a right to know what they can expect from a registered nurse, that would not be provided by other people, and also what they cannot expect [1]. The best known definition of nursing is probably that developed by Virginia Henderson. This definition was adopted by the International Council of Nurses in 1960 and is still the most widely and internationally used definition of nursing [2].

Nursing as an integral part of the health care

system, encompasses the promotion of health, the prevention of illness, and care of the physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual family and group responses to actual or potential health problems. These human responses range broadly from health restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population [3]. The mission of nursing in society is to help individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. This requires nurses to develop and perform functions that relate to the promotion and maintenance of health as well as to the prevention of illness. Nursing also includes the planning and implementation of care during illness and



rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying. Nursing is the provision of care for individuals, families and groups throughout the entire life-span – from conception to death. Nursing is both an art and a science that requires the understanding and application of the knowledge and skills specific to the discipline. It also draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences[4].

CHARACTERISTICS

A purpose:

The purpose of nursing is to promote health, healing, growth and development, and to prevent disease, illness, injury, and disability. When people become ill or disabled, the purpose of nursing is, in addition, to minimise distress and suffering, and to enable people to understand and cope with their disease or disability, its treatment and its consequences. When death is inevitable, the purpose of nursing is to maintain the best possible quality of life until its end.

A mode of intervention:

Nursing interventions are concerned with empowering people, and helping them to achieve, maintain or recover independence. Nursing is an intellectual, physical, emotional and moral process which includes the identification of nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support. In addition to direct patient care, nursing practice includes management, teaching, and policy and knowledge development.

A domain:

The specific domain of nursing is people's unique responses to and experience of health, illness, frailty, disability and health-related life events in whatever environment or circumstances they find themselves. People's responses may be physiological, psychological, social, cultural or spiritual, and are often a combination of all of these. The term "people" includes individuals of all ages, families and communities, throughout the entire life span.

A focus:

The focus of nursing is the whole person and the human response rather than a particular aspect of the person or a particular pathological condition.

A value base:

Nursing is based on ethical values which respect the dignity, autonomy and uniqueness of human beings, the privileged nurse-patient relationship, and the

acceptance of personal accountability for decisions and actions. These values are expressed in written codes of ethics, and supported by a system of professional regulation.

A commitment to partnership:

Nurses work in partnership with patients, their relatives and other careers and in collaboration with others as members of a multi-disciplinary team. Where appropriate they will lead the team, prescribing, delegating and supervising the work of others; at other times they will participate under the leadership of others. At all times, however, they remain personally and professionally accountable for their own decisions and actions. Some see nursing as assisting the doctor by carrying out tasks associated with medical treatment. While both of these elements are indeed part of nursing practice, the idea that nursing consists of these elements alone ignores the wider contribution of professional nursing to health care, and will result in a service which does not offer its full potential^[5]. Nurses and patients know, and there is sound research evidence[6]. To demonstrate that skilled nursing makes a difference. However, it is difficult to put into words exactly what difference, to what, or how it was done. Part of the paradox is that the more skillful a nurse is in what they do, the less likely will be the observer, or even the patient, to recognise exactly what has been done[7].

Difference between professional nursing and the nursing undertaken by others:

The clinical judgement inherent in the processes of assessment, diagnosis, prescription and evaluation

- The knowledge that is the basis of the assessment of need and the determination of action to meet the need
- The personal accountability for all decisions and actions, including the decision to delegate to others
- The structured relationship between the nurse and the patient which incorporates professional regulation and a code of ethics within a statutory framework.

An example can be seen in the debates about the role of nurses in prescribing drugs¹⁴ and in measures to reduce the hours of work of junior doctors[8].

Codes of ethics:

The meaning of professional nursing is: to recognise, analyse, as well as give advice and assistance with regard to actual or threatening consequences of physical and/or mental courses of diseases, handicaps, disorders and their treatments for the benefit of the fundamental activities of daily living of an individual. Nursing also means influencing individuals in such a way that human potential is used for maintaining and promoting health[9].

Nursing practice:



It incorporates the application of knowledge, skills and attitudes towards alleviating, supporting or enhancing actual or potential responses of individuals or groups to health issues. It focuses on the promotion and maintenance of health, the prevention of injury or disease and the care of the sick or disabled so that people with identified nursing needs may maintain or attain optimal wellbeing or achieve a peaceful death [10]. The range of responsibilities which fall to individual nurses, midwives and health visitors related to their personal experience and skill. The practice of nursing, and education for that practice, will continue to be shaped by developments in care and treatment, and by other events which influence it [11]. A self-care deficit: the person's inability to manage unaided those physiological, psychological, or social processes which are necessary to recover, maintain, or improve health.

- A knowledge or motivational deficit: the person's lack of knowledge, understanding or will to behave in ways that are necessary to recover maintain or improve health.
- Physiological or psychological instability.
- Pain or discomfort (physical, psychological or spiritual).
- An identified risk of any of the above [12].

Ability of nursing:

To respond to people's need for nursing within the rapidly changing environment of health care depends on the way in which:

1. Nursing work is organised in health care delivery systems
2. Practice is regulated and the quality of care is assured
3. Practitioners are prepared, and fundamentally [13].

Clinical Nurse Specialist:

The CNS is an expert clinician in a specialized area of nursing practice. The specialty may be a population (e.g., pediatrics), a setting (e.g., critical care), a disease (e.g., cardiovascular or mental health), or a type of problem (e.g., wound or pain). CNSs are engaged in direct clinical practice; function as consultants in their area of expertise; provide expert coaching and guidance; interpret, evaluate, and participate in research; provide clinical and professional leadership; collaborate; and employ ethical decisionmaking [14].

Nurse Practitioner:

NPs are registered nurses who are prepared, through advanced education and clinical training, to provide a wide range of preventive and acute health care services to individuals of all ages. NPs take health histories and provide complete physical examinations; diagnose and treat many common acute and chronic problems; interpret laboratory results and x-rays;

prescribe and manage medications and other therapies; provide health teaching and supportive counseling, with an emphasis on prevention of illness and health maintenance; and refer patients to other health professionals as needed. Hughes and colleagues [15] have categorized the 40-year history of NP research into succinct eras, chronicling the evidence base on NPs, by far the largest of all of the four APN roles. The current era is characterized by strategies to combat rising costs and tension- building between NPs and the medical profession [16].

Threshold improvement cannot be accomplished without interdisciplinary practice approaches which are going to require revolutionary change to flatten the educational and cultural silos between medicine and nursing education [17]. It is crucial that APNs are separated out as distinct provider types in all interdisciplinary research and administrative and clinical datasets. It has taken the nursing profession decades to untangle nursing's unique role and value within the hospital and decouple professional registered nursing from the "hotel costs" of a hospital stay. RNs have historically been characterized as a cost center rather than a highly valued revenue source within hospitals. If all professional nursing activity was billed for separately, such as is done with physician care, nursing's value would not have to be debated. As the evidence base on interdisciplinary teams is built, APNs must not become invisible on the health care team.

CONCLUSION

Health professionals work together in small groups providing care, be it oncology, the operating room, end of life, or primary care. These team members, however, are educated in their health professional silo and likely have little knowledge of their team members' skill sets. The IOM report, *To Err is Human*, suggested that health professionals should be educated in teams using evidenced-based methods employed in aviation such as simulation and checklists. People make fewer errors when they work in teams because it forces processes to be planned and standardized, forces team members to have a clear role and to look out for one another, noticing errors before they become an accident. In an effective interdisciplinary team, members come to trust one another's judgments and attend to one another's safety concerns. In no uncertain terms, the IOM declares that most care delivered today is done by teams of people, yet training often remains focused on individual responsibilities, leaving practitioners inadequately prepared to enter complex settings. The silos created through training and organization of care impede safety improvements. One of the report highlighted that the need for clinicians to develop a broader systems perspective. Specifically, the commission states that '... in health care



organizations, much of the learning is aimed at improving individual physicians learning to become better physicians, nurses learning to become better nurses, rather than learning how the system as a whole can

improve[18]. Irrespective of health care setting, there is a high premium placed on medical autonomy and perfection and a historical lack of interprofessional cooperation and effective communication.

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