
Nursing Diagnosis - What is it?

Volume: 10 Issue: 01 January 1992 Page: 39-46

Ramachandra &, K Reddamma, - *Department of Nursing, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India*

Abstract

Nursing diagnosis is gained popularity and generated controversy, Nursing diagnosis has the potential for defining and organising nursing knowledge and practice. Various views of different authors were taken into consideration to see the feasibility and utility into the professional growth through patient care. Although the concept originated in 1950, yet full swing practice of nursing diagnosis is awaited.

Over a hundred years ago, Florence Nightingale argued that "good nursing must contain a strong 'thinking' as well as 'doing' components. Observation tells us the facts and reflection tells us the meaning of the fact.... Observation tells us how the patient is, reflection tells us what is to be done" [1]. This important message has begun, in the past few years, to take on a new and formalized approach with the advent of nursing diagnosis [2]

Nursing diagnosis has gained popularity and has also generated controversy [3] Nursing diagnosis has the potential for defining and organising nursing knowledge and practice. The scope of nursing practice will be more clearly defined as nursing diagnosis are identified, standardized and classified [4]. Gordon [5] defined nursing diagnosis as "Actual or potential health problems which, by virtue of their education and experience nurses are capable and licenced to treat." The American Nurses Association, realising the importance of nursing diagnosis defined nursing as "the diagnosis and treatment of human responses to actual or potential health problems" [6].

Historical perspective

McManus first used the term "Nursing Diagnosis" in 1950. She defined the revolutionary idea as "the identification or nursing diagnosis of the nursing problem and the recognition of its interrelated aspects" and as "the deciding upon a course of nursing action to be followed for the solution of the problem" [7]. The application of this concept in clinical practice has increased dramatically in western countries since then. However, the scientific validation and standardization was slow. The first national conference for the classification of nursing diagnosis was held in 1973, 23 years after the concept was born [8]. The following are the reasons why the development of nursing diagnosis has lagged [9].

1. The idea of classifying client problems into a single system for nursing is controversial.
2. Not having universal single nursing model. Each nursing model has a different definition of client, problem and nursing goal.
3. Many nursing professionals are concerned that labelling client problems as "diagnoses" would be

- performing outside their legal practice.
4. Lack of nursing research and lack of scientifically validated interventions instead of intuition and direct clinical experience.
 5. Nursing, to date, has not supported its actions with direct clinical research [10].

Table I - Approved Nursing Diagnoses

Table I - Approved Nursing Diagnoses

Reproduced from Kim M J, McFarland Y K, McLane A M. Pocket Guide to Nursing Diagnosis St. Louis, The C. V. Mosby Co., (1984).

Participants at the first national conference on the classification of nursing diagnosis developed for research purposes and appointed a task force to continue working on nursing diagnosis [3]. Gordon and Sweeny [11] recommended three types of studies that are needed in nursing diagnosis research: Retrospective, clinical and nurse validation design. Succeeding conferences were held in 1975, 1978, 1982 and 1984. At the 5th National Conference the group adopted new byelaws and choose a new name - NANDA. (The North American Nursing Diagnosis Association). The NANDA has identified 51 diagnostic categories with definitions, etiology and defining characteristics [12]. Approved Nursing Diagnoses are given in Table I.

The Nursing clinics of North America devoted 1985 December issue on Nursing diagnoses. In this symposium there are research studies which are the first attempts at validating nursing diagnoses. In her foreword, guest editor Dougherty [3] writes: Diagnostic labels which are validated with research will increase the reliability and validity of the nursing diagnosis framework and give greater credibility in outlining a taxonomy for nursing". In this issue several authors make recommendation for changing the labels based on their findings. All the studies are descriptive in nature, and a wide variety of methodologies are used. The few diagnostic categories were tested.

Dougherty [3] feels "the intellectual discussion and controversy this research may generate is valuable and exciting". Hope this will generate interest among nurses in India to incorporate into clinical practice, education and research.

Misconcepts

Often nursing diagnosis is accepted as the misunderstanding brought about by the confusion with the medical diagnosis. The medical diagnosis indicate the pathology of the bodily system. It identifies and labels the precise disease. It is made to prescribe treatment, to cure the disease or to reduce injury. The medical diagnosis will be one in 999 medical diagnoses listed in the International Classification of Diseases (I.C.D.). The nursing diagnosis describes the effect of these symptoms and pathological conditions on the clients activities and life style. It is the statement of the client's behavioural response to the condition or situation for example, "anxiety related to diagnostic tests" [13].

The medical diagnosis is an important component of the client's condition in total and must be considered in the provision of comprehensive nursing care. Most nurse leaders agree that there are two domains in providing care: The nursing domain, which is independent and related to judgements regarding the clients' health status and its effect on daily living and the Biomedical or clinical domain where nurses have delegated responsibilities. However, controversy exists as how to integrate the two

domains into the client plan of care [13]. Nurses assess clients from a holistic perspective and therefore identify health problems or needs of a clients in relation to his world [9], [10].

The Nursing Diagnosis is not a restatement of the medical diagnosis. The nursing diagnosis reflects the specific effects of the medical diagnosis, the diagnostic tests, medical treatment or equipment on the client and daily living. It includes the client's response to these things. Table II shows examples of medical/other diagnosis and nursing diagnostic statements [13].

Table II - Nursing diagnoses in response to medical diagnoses, diagnostic tests, medical treatment, or equipment [13]

Table II - Nursing diagnoses in response to medical diagnoses, diagnostic tests, medical treatment, or equipment [13]

"A nursing diagnosis is not just a single conceptual label, such as 'obesity', 'immobilization', or 'constipation'. These labels are too general and do not define the specific concern or show necessary relationships that are needed to develop meaningful individualized nursing orders. Examples of more definitive nursing diagnosis are 'Alterations in nutrition related to eating habits', 'Impaired mobility related to weakness' and 'Constipation related to lack of fluids" [13].

Another misconception is that the nursing diagnosis is a statement of the nurse's problem with the client, but it is not a nursing problem, concern, or goal. "Provision of adequate fluids" is a nursing goal statement, not a nursing diagnosis [13].

General considerations

Nursing diagnosis is a process and outcome. It is a complex decision making process. It is the collection of data by observation, interaction and measurement and the interpretation of the data based on the nurse's knowledge and experience, culminating in the identification of a nursing diagnostic statement. Analysis is the decision making process that ensures individualized nursing care which involves the intellectual processes of critical thinking, decision making and inductive and deductive reasoning. After this analysis naming the conclusions and validating them is the last step in the diagnostic process. The nursing diagnosis is an independent function and a statement of a nursing judgement [13]. Nursing diagnostic statements are the basis for planning and nursing intervention. It is important as they are clear, concise, definitive statements of the client's health status. The nursing diagnoses may be written as descriptive or etiological statements. They may be derived from the approved list of nursing diagnoses.

The medical diagnoses mainly deal with single diagnostic labels after considering pathophysiology, investigations and differential diagnosis, where as the nursing diagnoses deal with the changes that occur in the human body both physically, and mentally in the process of a disease. The nursing diagnoses is basically concerned with identifying the need for the patients to become independent from the state of dependency which necessitates the specific nursing interventions. These nursing interventions are based on nursing diagnoses.

Few examples of nursing diagnoses are cited in Tables III and IV.

Table III - Summary of nursing diagnoses for sudden onset - coma [14]

Table III - Summary of nursing diagnoses for sudden onset - coma [14]

Table IV - Few other examples of nursing diagnoses [14]

Table IV - Few other examples of nursing diagnoses [14]

Let us consider an example of how the diagnostic meaning of observations influences the choice of an effective treatment. There are many nursing actions that could be taken in response to a crying, post-surgical patient. Some actions could be based on an interpretations explain the cue in important. Acute pain (physiologic meaning), anticipated role performance disturbance (sociologic meaning), post-operative depression (psychological meaning) or spiritual distress (spiritual meaning) requires very different plans. In clinical situations the likelihood of accurate interaction increases when more than one diagnostic possibility is considered during assessment. In turn, an accurate diagnosis increase the chance the initial nursing interventions will be effective. Multiple trial and error attempts are reduced [15].

Implications

Clinical practice

Comprehensive nursing care includes patient's assessment and problem identification. The clinical nurse can use nursing diagnoses during direct patient care. Using the nursing diagnosis labels appropriately in care plan writing and charting in progress notes would be beneficial. Nursing diagnosis implementation can be extended to include use duration can be extended to include use during patient care conferences, nursing grand rounds, and end of shift reports.

Kathryn et al [16] believe that it also provides an opportunity to nurses to learn how diagnosis changes. Following the various diagnosis made throughout a patient's diagnostic workup, acute care and recovery can help nurses realize that priorities change and nursing care changes as well. Excellent use of nursing diagnoses can illustrate that care become more organized. Communicating among health care professionals made easier, and nursing care indeed make a significant contribution to patient wellness.

Stating a nursing diagnosis requires conceptualization of nursing practice. This helps to clarify the independent and interdependent components of health care for nurses and other professionals [17]. It not only helps nurses to become less reliant on medical model but also helps nurses to grow technologically. If etiologic statements are to be used to guide nursing actions, this issue must be resolved. In combination, nursing and medical diagnosis more completely describe the patient and family and their abilities to deal with health problems posed. This supports the movement toward collaborative practice [17].

Nursing diagnoses can provide the basis for a common language among professional nurses [17]. They will enhance accurate communication among nurses and other members of the interdisciplinary rehabilitation team.

With nursing diagnosis, we may see

(i) improved quality of documentation.

- (ii) increased use of logic and the diagnostic process
- (iii) increased quality and quantity of nursing orders
- (iv) increased ability to prioritize patient problems [16]

Education

Proceedings from the 1st National Conference on the Classification of Nursing Diagnosis in 1973, suggested that health problems could be articulated into taxonomic system. Participants thought this system could be of value in nursing education. Students could be having specific nursing interventions identified for specific defining characteristics. In education, nursing diagnoses would assist the educators and students to focus on nursing phenomena rather than on medical phenomena [18]. This would challenge students to think critically. In the past, the focus of the nurse has been primarily on medical problems. Use of nursing diagnoses process would assist nurses in focussing on their unique role as health care providers [19].

The gap between nursing theory and its application to patient care was discussed by Lengel. She rationalized that greater emphasis on patient assessment, data analysis, problem solving, and nursing diagnostic skills in the educational system would reduce the 'reality shock' faced by many nursing graduates when they begin to practice. This would help to close the gap between theory and practice [19]. It was also proposed by Lengel [20] that a nursing diagnostic classification system could eventually provide the outline for nursing education curriculum content. She felt it would be logical for nursing curriculum to center around areas unique to nursing.

Gatschet [21] firmly says nursing students need to be taught this process. From a nursing assessment, a nursing diagnosis is made. From this diagnosis flows the plan of interventions designed for each patient. Thus, students need to become involved in identifying and the defining characteristics for each nursing diagnosis. This will allow them to play a role in expanding and developing this unique body of nursing knowledge.

Nancy et al [17] writes 'Because nursing diagnosis is still in its infancy, professional nurses must be prepared to deal with ambiguity'. Educators need to aid students in becoming comfortable with lack of 'right answers' and excited about their own potential to contribute to the nursing diagnosis research. Nancy et al [17] writes 'Educators can facilitate conceptualization of nursing practice and promote use of nursing diagnoses by teaching nursing process and decision making rather than using medical knowledge to direct patient care. This must be consistently reinforced using a nursing model to avoid teaching nursing process followed by nursing care directed at medical diagnosis and therapy.'

Research

Research studies on validating the nursing diagnoses and compiling the list should be continued in the profession to develop that body of knowledge which helps to define nursing practice. Research should be done to improve the quality of care... . The question of how much research is needed to recommend change in the classification of nursing diagnoses is one which should be addressed by those nurses concerned with development of taxonomy.

Implications for nursing practice are dependent on nursing research to validate diagnoses and clarifying definitions. Priorities for research must be to construct models for validation and to operationally define diagnostic statements [13].

After the diagnoses are validated researchers can turn to questions of appropriate goals and interventions. The most significant clinical contributions cannot be made until accurate, nursing diagnosis leads to prescription of effective nursing interventions [17].

Conclusion

Nursing diagnoses play an important role in providing care to patients. Currently in India although efforts have been made in this regard it is very less. Nurse educators, administrators, specialists and researchers in India should take up the challenging task of implementation into nursing practice.

1. Nightingale F, *Notes on Nursing, London, Harrison* 1959
2. Munna D C, A validation of the defining characteristics of nursing diagnosis potential for violence
In: Symposium on Nursing Diagnosis. The Nursing Clinics of North America Page: 20 (4): 711, 1985
3. Dougherty Cynthia M. (Guest editor), Foreword
Symposium on Nursing Diagnosis. The Nursing Clinics of North America Page: 20 (4): 609-610, 1985
4. Gordon M, *Nursing Diagnosis: Process and Application, New York, Mcgraw Hill Book Company*
Page: pp. 289, 1982
5. Gordon M, Nursing diagnosis and the diagnostic process
American Journal of Nursing Page: 8: 1298-1300, 1976
6. American Nurses Association, *Nursing: A Social Policy Statement Kansas City, American Nurses Association* 1980
7. Lash A, A re-examination of nursing diagnosis
Nurses Forum Page: 4: 332-341, 1978
8. Gebbie K M & Lavin M A, *Classification of Nursing Diagnosis, St. Louis, C. V. Mosby* 1975
9. Vincent Karen G, The validation of a nursing diagnosis
In: Symposium on Nursing diagnosis, The Nursing Clinics of North America Page: 20 (4): 632, 1985
10. Soares C, Nursing and medical diagnosis: A comparison of variant and essential features
In: Chaska N. (Ed) The Nursing Profession Views Through the Mist. New York, McGraw-Hill Book Co 1978
11. Gordon M & Sweeny M A, Methodological problems and issues in identifying and standardizing nursing diagnosis
Adv. Nursing S.C Page: 2:1-15, 1979
12. Kim M J, et al, Classification of nursing diagnosis
Proceedings of the Fifth National Conference, St. Louis, C. V. Mosby 1984
- 13., Risner Philips Baker Diagnosis: Diagnostic statements
In: Janet W G Kenny, Panel J C. (Ed.) Nursing Process: Application of Theories, Frameworks and mc
Page: pp. 151-167, 1986
14. Mitchel Pamela H, 'Decreased behavioural arousal'
In: Mitchell Pamela H, et al (Ed) Ann's Neuroscience Nursing Appleton & Lange Page: 74, 1988
- 15., Gordon Major Implementation of Nursing Diagnosis - An overview
Nursing Clinics of North America
Page: 22 (4): 875-879, 1987
16. Kathryn H C & Rose Marie S, Implementation of nursing diagnosis: Role of the clinical nurse

specialist

*In: Mary E. Hurley. classification of Nursing Diagnosis. NANDA Mosby*1986

17.Nancy S, Creason et al, Validating the nursing diagnosis of impaired physical mobility

In: Symposium on Nursing Diagnosis of North America Page: 20 (4): 680-682, 1985

18.Carpenito L J, *Nursing Diagnosis: Application to Clinical Practice, Philadelphia, J.B. Lippincott Company*1983

19.Morris C A, Self-concept as altered by the diagnosis of cancer

In: Symposium of Nursing Diagnosis. the Nursing clinics of North America Page: 20 (4): 628-629, 1985

20.Legel N L, *Handbook of Nursing Diagnosis, Bowied, Robert J.Brady Col.*1982

21.Gatschet C, Nursing diagnosis - A term whose time has come

Kansas Nurse Page: 57: 8-9, 1982
