



THE NURSING PROCESS: A TIME TO REMEMBER ITS PURPOSE

We have a problem. Somehow, along the way, we lost track of what the nursing process is supposed to represent. Organizations produce documentation (often lots of paper or many computer screens of data) incorporating nursing assessment, diagnoses/patient problems, interventions and outcomes which meet the requirements of accrediting organizations and regulatory bodies. However, ask the nurses what they think about the nursing process and you will often see eyes rolling, and hear complaints about the amount of time it takes “to do” the nursing process. It is a requirement that seems to be without benefit or purpose to many in practice.

Ask a physician colleague about her clinical reasoning process, however, and you get a completely different response. It is seen as absolutely essential to practice – in fact, if you suggested that physicians should just go treat people and forget about the diagnosis, you would be quickly instructed on the potentially deadly impact of treating something without really knowing what you were treating. It would be considered negligent at the very least, for a physician to not have mastery of medical diagnoses within her domain of practice. Should the expectation be any less for nurses and nursing diagnoses?

We are all familiar with the circular graphical representation of the nursing process, or nursing clinical reasoning process. In this process, we start with assessment, move into the planning of care, implement that care, and evaluate it. Well, that is wrong! Or, better stated – it is incomplete. We are missing a very important step in this process. How do we assess a patient in a meaningful way? We have to understand what we are looking for, in order to drive assessment. We have to have a basis of knowledge that enables us to formulate hypotheses about what is happening with our patients, and to understand how the mountains of data we collect can come together to form patterns – something we call a diagnosis. We must have mastery in the phenomena of concern to nursing practice. Without this, the nursing process is meaningless.

Nursing assessment should be driven by the viewpoint of the nursing discipline; it should be holistic and move from general information to elicit patterns of concern, and then enable focused or in-depth assessment where indicated. However, we cannot identify a nursing diagnosis in practice if we don't understand the underlying conceptual and/or theoretical framework that form the basis for that diagnosis, and how it might appear differently based on a variety of influencing factors. Therefore, to correctly diagnose we must learn these concepts of interest to the nursing discipline.

Likewise, we cannot set appropriate goals if we do not understand what is causing or contributing to the nursing diagnosis (the related factors). Finally, intervention should be directed at these factors whenever possible, not at defining characteristics. If we do not treat the cause, but instead treat the signs/symptoms (the defining characteristics), we may control the symptoms temporarily, but the problem itself is not going to go away.

So what is missing in the nursing process? I believe we neglected to incorporate what seemed to be obvious - but which has now become lost. We forgot that the process starts with a firm foundation in nursing knowledge. We need to focus nursing education on the core concepts of nursing practice – to focus on nursing diagnoses, and their underlying theories/models, that cross all age groups and appear in the majority of patient specialty areas. These concepts include, but are not limited to: activity tolerance, anxiety, balanced nutrition, breathing pattern, cognition, communication, continence, coping, elimination, energy balance, gas exchange, health, hydration, metabolism, mobility, pain, protection, role performance, self-care, skin integrity, sleep, spirituality, stress, thermoregulation, tissue perfusion, and ventilation. Only when we understand those concepts can we implement our diagnostic process – and the nursing process – in a way that makes sense, in the way it was intended. Once we understand the concepts of nursing practice, we can assess for patterns of concern as well as strength/opportunity for improvement. If I understand pain, then I can conduct detailed assessments for acute and chronic pain when necessary; if I understand the body's protective mechanisms, I can conduct risk assessments for injury and infection when appropriate. If I understand the importance of sleep, I can perform an in-depth assessment when I recognize cues for disturbed sleep pattern.

Documentation is important, of course – standardized language enables safe communication in a concise manner. But let's not forget: *without conceptual understanding, those terms are meaningless*. We must understand and know how to assess for criteria that must be present for diagnoses to be accurately made. Do we have to document the diagnosis and treatment plan? Of course – but this should not be the focus of care, nor the main purpose of our day – it is done to facilitate ongoing communication – but the focus of nursing education and practice should be on nursing diagnoses, how they appear, what causes them, and how to treat them to achieve positive outcomes.

It is time that professional nursing reclaims the nursing process as a clinical reasoning process within our area of knowledge.

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