The Nursing Process: An Instrument For Improving Clinical Care

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Abstract:

The six-step nursing procedure, which aims to improve patient care, is examined in this thesis. It looks at the advantages of using this procedure and the variables influencing its application. The study also examines how Finland's nursing process is implemented and documentation is improved by using nursing categories like FinCC.

Keywords : Patient involvement, nursing diagnosis, nursing classifications, nursing process, patient care.

Introduction:

In this thesis, I have attempted to learn more about the six-step nursing procedure, which I believe all nurses are familiar with. This thesis attempts to visualize the advantages of implementing the nursing process together with the variables influencing its application. Classifications created for the nursing process are currently a hot topic in Finland, for example, because they are altering the culture of documentation to a more structured style of writing. My interest in writing a thesis on this subject began in 2011 when I enrolled in the Nordic Nursing Diagnostic course in Oslo. During an intense session, nursing educators and students from seven different Northern European nations learned about the various nursing categories that are used, practiced using them, and had discussions about the future of nursing diagnostics.

Following the workshop, I received assurances that nursing diagnostics and classification are essential for nursing care and that Finland also needs them. In 2011, I was unaware of FinCC,

a classification scheme derived from CCC and tailored to the Finnish context. The purpose of FinCC is to visualize the nursing process and assist with its application in the workplace. Kinnunen, Liljamo, and Ensio, 2012, p. 10. Nursing students are currently studying how to apply such classification system in 2014. Ideally, FinCC makes its way into real-world settings like workplaces, healthcare facilities, nursing homes, and hospitals. I have attempted to determine whether the nursing process itself may be used as a tool to guarantee nursing safety and quality in this thesis. A survey of the literature and a qualitative content analysis were used to accomplish this. Ida Jean Orlando's Nursing Process Theory, 3.1.

Classification and Diagnosis of Nurses :

The process of drawing conclusions from assessment data, comparing various hypotheses, and creating diagnostic statements that outline the patient's needs is known as nursing diagnosis. Correct nursing diagnosis formation requires scientific knowledge, social skills, critical thinking abilities, and comprehensive understanding of the patient's condition. (Gouveia Dias Bittencourt & da Graça Oliveira Crossetti, 2012) Müller-Staub, Lavin, Needham & van Actenberg (2006) assert that it is crucial to understand that a diagnostic term alone is insufficient. The patient's issues cannot be adequately described by the diagnostic term alone, since only diagnoses that
are unique in their origins serve as the foundation for selecting the best therapies. Müller-Staub and associates, 2006, 529 FinCC is one structured classification that can be used to help with the organized documentation of the nursing process. (Liljamo et al., 2012, 10) Paans, Nieweg, van der Schans, and Sermeus (2011) emphasize that nursing diagnosis is more than just categorization; rather, the conclusions drawn by nurses during the diagnostic process must be recorded in a way that is clear to both colleagues and other members of the healthcare team. Duty classifications are useful in this regard. (Paans & colleagues, 2011; 2401)

Intervention :

According to Saba (2007), "a nursing intervention is defined as a single nursing action...designed to achieve an outcome to a nursing diagnosis, or to a medical action, for which the nurse is accountable." Before selecting an intervention, a nurse must consider whether it will assist the patient in achieving their

goals and what body of knowledge underpins it. Stated differently, is it customary and standard practice, experience, or evidence-based practice? It is imperative for the nurse administering the interventions to assess the outcomes of the chosen intervention strategy. In Chabeli (2007), 83–84

In their evaluation of the research on the impact of personalized treatments, Suhonen, Välimäki, and Leino-Kilpi (2006) found that nurses who tailor therapies for their patients appear to have a higher positive link with patient outcomes than those who perform conventional interventions. The desire for customized care carries over the idea of actively including the patient in the entire nursing process (Suhonen et al. 2006, 856). Chabeli (2007, 84) also makes the observation that the effectiveness of interventions is correlated with the nurse's ability to communicate effectively with the patient. 4.2 Practices Based on Evidence (EBP)

When making judgments on patient care, nurses ought to rely on empirical data. The Finnish Health Care Act (§8, 2010/1326) mandates that healthcare policies be grounded in research and adhere to excellent care practices in other respects. Nurses may develop ways to provide treatment that are more likely to be connected to favorable patient outcomes by adhering to evidence-based practice guidelines. While it is important that nurses base their decisions on research, they also need to use critical thinking abilities to determine whether the evidence is appropriate for the patient's circumstances in that particular environment. A nurse's knowledge should be based on her experience, the unique perspective of each patient, and the data derived from study while making decisions. (Thompson, Sheldon & Raynor, McCaughan, Cullum, Thompson, 2004)

The Cochrane Collaboration, which was greatly influenced by British medical researcher Archie Cochrane, is where Evidence Based Practice first emerged. He made it his goal to provide doctors and other members of the healthcare team with summaries of research findings. Once known as Evidence Based Medicine, it has evolved into a movement that takes into account many aspects of the health care industry in each practitioner's unique practice. The "umbrella term" for these distinct guidelines concepts is Evidence Based Practice. Polit and Beck (2008), p. 30

Critical thinking is refined as one of the pillars of EBP by Polit & Beck (2008, 28, 30). It is best to examine any decision that is based on "custom, authority, opinion, or ritual." Based on study results that are tailored to each unique case, decisions should be made. Evidence used to develop care guidelines for a particular circumstance should be reliable and, ideally, have been validated by multiple studies. Following the collection of research results, the findings should be assessed, contrasted, and ultimately conclusions derived from them. Contrary to popular belief, evidence-based practice (EBP) values clinical experience and applies the best available research knowledge to provide tailored treatment, which benefits from the clinical expertise of nurses. The term evidence-based practice (EBP) refers to clinical judgment and decision-making based on suggestions from scientific research (Polit & Beck, 2008, 28, 30). Evidence-based nursing (EBN) is another name for evidence-based practice applied to nursing. "An ongoing process by which evidence, nursing theory, and the practitioners' clinical expertise are critically evaluated and considered, in conjunction with patient involvement, to provide delivery of optimum nursing care for the individual" is how Scott & McSherry (2008) defined EBN after conducting a literature review using scientific articles about EBN and various definitions.

Involvement of Patients in the Nursing Process

Patients have the right to quality healthcare, and while providing care and medical attention, it is important to take into account each patient's unique demands, as stated in the 1992/785 Act on the Status and Rights of Patients. (§3, cl.2) The laws of Finland additionally stipulate that therapy for patients must be carried out in consultation with them. (§6 cl.2) Patient participation refers to the patient's active involvement in all facets of his own care. If the nurse includes the patient actively in decision-making and care planning, then this process is heavily dependent on the nurse. (Sahlsten, Segesten, Plos, & Larsson, 2011, 575). Eldh, Ekman, and Ehnfors (2006) state that in order to create circumstances in which the patient can actively participate in making decisions about their own care, healthcare providers must respect the knowledge the patient has about their particular circumstances. This is because simply asking a patient to participate in decision-making does not ensure that care planning will be successful even in cases in which the patient is actively involved. Larsson et al. (2011,580)

go on to argue that nurses should share the power they have over patients by improving communication and working with them to establish goals. Participation can be attained in this way.

Respect is a key component of effective communication, which forms the foundation of the patient-nurse relationship of trust. A caring relationship's communication is a crucial component in creating a setting where a patient may genuinely take part in their own treatment (Eldh et al. 2006, 511).

The intention is to increase patient involvement in their own care to better meet their requirements through good communication. It is important to note that a patient's needs may occasionally diverge from what the nurse or the organization expects. (Et al., Dahlsten 2005, 40) Joffe, Manocchia, Weeks, and Cleary (2003) discovered in their research that patient participation in treatment resulted in more motivated patients, better care outcomes, and higher patient satisfaction. Larsson et al. (2011) cite this research. Research by Sainio, Lauri, and Eriksson (2001) is also mentioned by Larsson et al. (2011). In this study, patient participation was linked to lower feelings of anxiety, insecurity, and fear. . There are numerous strategies to improve a patient's involvement in their treatment. Sahlsten et al. (2005), for instance, discuss four factors that are necessary for a patient to participate successfully in their care: opportunities to influence, a therapeutic approach, interpersonal procedures, and a focus on resources. Mutual contact can be achieved in interpersonal procedures where opinions and thoughts of both parties can be discussed through discourse between the nurse and the patient. The therapeutic method explains

strategies that the nurse use, such as reassurance, empathy, maintaining a professional distance, and addressing the nurse's personal attitudes, to build a professional, caring connection. The nurse makes every effort to learn about each patient's unique resources and compares them to the patient's needs for care, keeping a focus on resources. Along with the patient and any potential significant others, this should be done carefully. At the conclusion, it should be ensured that everyone involved has understood one another accurately. Opportunities to influence through information exchange make up the final component. Eldh et al. (2006) reported that respect and knowledge were the two elements impacting patient engagement (Sahlsten, Larsson, Lindencrona, Plos, 2005, 37–

39). Knowledge includes the patient's perception that the knowledge was presented in an understandable manner and pertinent to his circumstances. Nurses must treat patients with respect by listening to them and considering what they have to say. They must also view patients as unique people, not just as nameless objects suffering from a sickness. (2006), Eldh et al., 511–512

Eldh et al. (2006) state that disrespect and ignorance are two things that prevent patients from participating. Information delivery that failed to take into account each patient's unique circumstances was perceived as a sign of ignorance. Patients in the situation did not fully comprehend the importance of the information provided. Patients were also more likely to abstain from participating when they believed their unique perspectives and information regarding their disease were being ignored. This also applied to the patient's perception, which was that they were handled more like an object than a subject. (Eldh et al. 2006, 509–510) Larsson et al. (2011, 575) identified the following as the primary causes of patients' nonparticipation in nursing care: acknowledging their own limitations, encountering a lack of empathy, encountering a paternalistic attitude toward the patient, and/or perceiving structural hurdles.

Difficulties in Putting The Nursing Process Into Practice

Critical thinking abilities are required by the nursing process discipline, as noted by Peterson & Bredow (2009, 243) and concurred with by numerous other researchers. According to Huckabay (2009, 72), a nurse must use critical thinking and draw the right conclusions at every stage of the nursing process. Inaccurate or ineffective information can lead to an incorrect nursing diagnosis if one does not exercise critical thinking. In order to obtain "the information, facts, observations, data, and experiences to make a nursing diagnosis, the person must engage in inductive thinking [one aspect of critical thinking]," according to Huckabay (2009). This idea is also present in Orlando's theory, according to Huckabay (2009, 76). For instance, Orlando claims that each patient is unique and that various patients may exhibit the same behavior while having entirely different demands. Orlando's perspective emphasizes that determining the patient's true need is the duty of the professional nurse. The Schmieding (2006), 435

Moraes Lopes Baena et al. (2010, 118) point out that the nursing process's largest obstacle to its implementation in practice is frequently the nursing diagnosis phase. It is difficult to put the nursing process into practice and, in particular, to form accurate nursing diagnoses. Four components typically make up a nursing diagnosis: signs and symptoms, definition, label, and linked circumstances. Many nurses are able to recognize patient concerns, but it can be challenging to go through the process of clarifying the issue, generating suggestions, and ultimately implementing the necessary practice change (Lee, 2005, 641). Lusardi (2012), p. 55. In a 2008 study, Paganin, Moraes, Pokorski, and Rabelo investigated the primary factors influencing the application of nursing diagnosis in a Brazilian university hospital. As a result, 48% of the nurses who participated in the study believed that nursing diagnostic implementation was not practiced enough. [Paganin and others, 2008, 154]

According to Paganin et al. (2008, 155), implementing the nursing diagnoses portion would be simpler if the nursing process was standardized and could be used in practice. Moraes Lopes Baena et al. (2010, 121) discovered that nurses don't often see the nursing process as much more than a paperwork task. Researchers note that nurses occasionally have a tendency to record just nursing interventions—never adding nursing diagnoses. This may result in care that is not accurate because the nursing diagnoses are not directing the interventions if the nursing process is not followed correctly. (Lopes Baena et al., 2010; p. 121)

Situational circumstances might also make it difficult to apply nursing diagnosis and, consequently, the nursing process. These consist of, for instance, insufficient time and inadequate assistance, through associates (Lee, 2005, 644). Personal qualities that impede the proper execution of the nursing process include, as previously noted, a lack of readiness or knowledge of the nursing process. (Lee 2005, 645, Baena de Moraes Lopes et al. 2010, 118)

The patient in their own right

Nurses are better able to envision each patient's unique demands thanks to the nursing process. It has been demonstrated through evidence that the nursing process, or in some cases specific nursing process components, helped

nurses view patients as distinct individuals with varying needs and capacities.

"Nursing diagnosis was therefore considered a useful tool for arranging patient care."

(Björvell, Mattiasson, and Axelsson, 2006, 942)

According to Axelsson et al. (2006), 942, "The nurses in the present study emphasized that recorded nursing diagnoses was a tool to visualize and communicate the patient's individual needs."
"More patients' capacity and interests were taken into consideration, and caregivers sought information that they had not previously paid attention to or worried about" (Hansebo & Kihlgren, 2004, 275)

"Caregivers emphasized more clearly the importance of facilitating patients' capabilities after the intervention, with a greater focus on the family situation and relatives" (Hansebo & Kihlgren, 2004, 273)

The nursing method led to a deeper awareness of the patient's unique condition, and the nurses took into account the patients' strengths and issues in addition to their own. "Moreover, they asserted that an additional facet of the patients was observed, and an enhanced comprehension of distinct behaviors was acquired." (Hansebo & Kihlgren, 2004, 275)
"A more profound comprehension of the individual patient's circumstances was explained." (Björvell, Wredling & Thorell-Ekstrand, 2003, 405)

Including the sufferer

In addition to encouraging more active patient participation, which could improve safety in the delivery of care, the nursing process drove nurses to gather more information through contact.
"In contrast to earlier, their approach involved patients more in daily living activities and decision-making, demonstrating efforts to interpret both verbal and nonverbal communication" (Hansebo & Kihlgren, 2004, 274)

According to Axelsson et al. (2006), 942, "the participants indicated that using nursing diagnoses increased patient

participation and contributed to a holistic view of the patient's situation."

Particular actions Care that aims to recognize each person as an individual means taking into account measures that are more appropriate for that person's needs and talents. According to Axelsson et al. (2006), 942, "The participants stated that when identifying nursing diagnoses they decided on more specific nursing actions than would have been considered."
According to Björvell et al. (2003), "Patient's needs were reported as being more precisely described, and hence more visible and leading to more specific nursing interventions."

Enhanced Performance

Beyond only providing direct patient care, the nursing approach appears to have a favorable impact on other areas. All of these might be characterized as contributing to the higher caliber of nursing care.

According to Axelsson et al. (2006), 940, "recorded nursing diagnoses were perceived as timesaving."

"The head nurse was found to find nursing diagnoses to be a helpful tool for estimating nursing workload." (Axelsson et al., 2006, 941)

"Some of the participants described increased effectiveness in organizing their jobs" (Björvell et al., 2003, 405)

Security :

Two subthemes arose from the content and were incorporated in the theme: "Documentation quality" and "Increased reflective thinking." These two elements might be regarded as variables that directly impact patient safety and care quality. Inadequate documentation compromises patient safety by impeding continuity of care. But when it comes to the safety of patient care, thoroughness and a well-organized record system are insufficient. This clearly involves reflective thinking because assessment is done to guarantee sound decision-making.

conclusion:

In order to ensure high-quality treatment and promote patient safety, nurses can benefit greatly from the nursing process. It encourages a more customized approach by taking into account the particular requirements and viewpoints of every patient. In addition, the procedure promotes patient involvement in decision-making, which results in interventions that are more successful. The utilization of the nursing process can be facilitated and documentation structure improved by implementing classifications such as FinCC. Overall, the study shows how the nursing process improves patient outcomes and nursing practice.

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