Characteristics of a Nursing Diagnosis

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Nursing diagnosis, quite simply, is a format for stating the client problem or condition of interest to nurses. A number of historical and developmental events have created confusion with regard to the nature of a nursing diagnosis. A proliferation of literature on the topic, which has identified multiple and sometimes conflicting definitions of the term, has contributed to the dilemma. The development of expanded roles for nurses which incorporate elements of the scope of practice of other disciplines has led to further confusion. And surely the education of nurses within a framework of medical diagnoses has in the past created, and continues to create, misunderstandings about the nature of a nursing diagnosis.

What is imminently clear is that nurses must use diagnosis in clinical practice and the diagnoses they use must be nursing. Implementation of the *Standards of Nursing Practice* of the American Nurses' Association requires the use of nursing diagnosis (ANA, 1973). The ANA, in fact, defines nursing as ". . . the diagnosis and treatment of human responses to actual or potential health problems." (ANA, 1980, p. 9). The scope of practice as defined in most of the state professional nursing laws refers to diagnosis as a function of nursing. The conclusions one might draw, therefore, is that if diagnosis is not used in nursing practice, the ANA standards are not being implemented, and the issue of whether the nurse is in fact practicing within the parameters of the law is called in question.

One exciting phenomenon about the development of nursing during this century is its movement into new practice arenas and its legitimization of variations in the traditional practice role. Like other professions that are regulated by internal and external forces, however, nursing must perceive specialization from the perspective of a generic mode of practice. That is to say, the fundamental concepts or laws such as the ANA *Standards of Nursing Practice* and the states' statutory regulations must apply regardless of the setting in which the nurse practices, the client population of interest, or the relationships with other health professionals that may exist in the practice arena. For these reasons, it is essential that the nurse becomes familiar with the nature of a nursing diagnosis.

A study to identify the essential characteristics of a nursing diagnosis was completed in 1982 (Shoemaker). This study used a delphi method for the collection of data. A delphi is a structured system of communication using a panel of experts for the purpose of identifying and coming to consensus on issues related to a complex problem (Linstone & Turoff, 1975). In this study, the panel of experts consisted of 107 nurses throughout the United States and Canada. All of them had had experience working with nursing diagnosis, and it is probably safe to say that while most had opinions about the characteristics of a nursing diagnosis, they were also unclear about some aspects of the concept. Over a period of time, during which there was a considerable exchange of information, the panel arrived at consensus regarding a definition as well as the essential features of a nursing diagnosis.

NURSING DIAGNOSIS DEFINED

As already indicated, there are numerous definitions of nursing diagnosis — some of which are not very helpful because of vagueness and some of which are limited in their specificity. For this reason, the following definition is offered as a framework for the subsequent discussion. It includes the essential characteristics which were approved by the delphi panel.

> A nursing diagnosis is a clinical judgment about an individual, family or community which is derived through a deliberate, systematic process of data collection and analysis. It provides the basis for prescriptions for definitive therapy for which the nurse is accountable. It is expressed concisely and it includes the etiology of the condition when known.

ESSENTIAL FEATURES

Although the focus of this discussion is on the nature of the nursing diagnosis as distinguished from the process of diagnosing, it is impossible to discuss the essential features of a diagnosis without referring to some aspects of the

process. The reader is cautioned, therefore, to consider the following features with that in mind.

1. *A Nursing Diagnosis is a Statement of a Patient/Client Problem or State of Health.* It is essential to consider nursing diagnosis from the perspective of a wellness as well as an illness orientation. For this reason we should identify not only the health problems that we assess; we should also consider states of health that need to be monitored on an ongoing basis. This is particularly necessary in the occupational health setting in which the focus is clearly placed on health maintenance.

2. *A Nursing Diagnosis May Refer to a Potential Health Problem.* Philosophically, this characteristic is related to the first one. Health problems are frequently anticipated by nurses although at the time of the assessment a problem may not exist. Some individuals, however, tend to have difficulty delineating those potential health problems that must be identified and those that are endemic to the human condition. For example, potential for injury is a problem of all individuals, regardless of where they are employed. However, there are some who are at risk for injury because of certain physical or psychological impairments. It serves no particular purpose to use a diagnosis of potential for injury with all individuals seen in a health service or dispensary; however, in the instance of the individual with risk factors it would be prudent to do so. The key phrase is "high risk for" as the determinant for using a potential diagnosis.

3. *A Nursing Diagnosis is a Conclusion That is Based on a Pattern or Cluster of Signs and Symptoms That Can be Confirmed.* This feature includes two different but very closely related ideas. In order for us to state a diagnosis, data must be available to support it. The data will form a pattern based on scientific theory. It should be pointed out that a major thrust of the empirical research currently in progress is directed to identifying the critical indicators (signs and symptoms) that must be present in order for a diagnosis to be valid. Confirmation of data is essential. We cannot make accurate diagnoses intuitively. Examples of sources of confirmation are the physical examination, laboratory reports, nursing history, discussions with other health care providers, the patient, and "significant others."

4. *A Nursing Diagnosis is a Statement of a Nursing Judgment — Not a Medical Judgment.* It is difficult for some nurses to assume the role of a diagnostician — a role that has traditionally been within the sole purview of the physician. The tendency has been for some nurses to rely on medical diagnoses as the bases for the care they provide. Others, in an attempt to use nursing diagnosis, still believe it is necessary to seek physician approval of the diagnoses they make. The roots of this subservient attitude have been well researched and documented (Ashley, 1976). It is now time that nurses rely on their own judgments and seek consultation from their nurse colleagues so that the best that nursing has to offer can be provided to their patients.

5. *A Nursing Diagnosis Refers to a Condition That Nurses are Licensed to Treat.* It is important to bear in mind the legal basis for nursing practice when making nursing diagnoses. For example, most nurses are capable of making tentative diagnoses of acute appendicitis based on a patient's clinical presentation; or, in examining a mouth, the nurse can diagnose overt signs of dental caries. In neither instance has the nurse made a nursing diagnosis.

6. *Nursing Diagnoses are Limited to Those Conditions That can be Treated Independently by a Nurse.* This feature makes a distinction between a nursing diagnosis and a medical diagnosis. If a treatment regimen requires a physician's orders, then the diagnosis is a medical diagnosis. However, an important aspect of nursing's area of interest is directed to patient responses to pathologic conditions. And those responses may indeed be treated independently by a nurse. A commonly cited example is the instance of the diabetic (medical diagnosis) patient who does not understand the relationship of diet, exercise, and stress in the management of the disease. In this instance, the nurse will independently develop and implement a teaching plan based on a nursing diagnosis of knowledge deficit related to diet, exercise and stress in the management of his disease process.

7. *A Nursing Diagnosis Refers to Physical, Psychological, Socio-Cultural, and Spiritual Conditions.* It is important to remember that patient assessments include four dimensions and therefore our diagnoses may include any one or a combination of the four realms. Some nurses hesitate to diagnose spiritual conditions because they do not feel competent to treat them independently. The delphi panel, however, felt that a sufficient number of nurses do diagnose and treat spiritual conditions to warrant including that dimension in the spheres of nursing interest.

8. *A Nursing Diagnosis is a Two-Part Statement That Includes the Etiology When Known.* The diagnostic statement consists of the problem or condition followed by the etiological or contributing factor(s). Frequently the relationship between the first and second parts is identified by the use of the connecting words "related to" as in impairment of skin integrity related to immobility. Other phrases that may be used in the diagnostic statement are due to or associated with. Gordon (1982) suggests a format using a slash as in noncompliance (problem)/knowledge deficit (etiology). It is important to remember that there is insufficient research at this time to make a cause-effect statement. Etiologies are probable causes but they are important because the intervention is generally directed to alleviation of the etiology. In the instance in which an etiology may not be known, Carpenito (1983) recommends that the statement include that fact as in ineffective family coping/etiology unknown. Such a statement will alert the nursing staff to the need for continuing assessment of the problem. A final concern relative to etiology is whether it can or should be stated as the medical diagnosis as in impaired mobility/hip fracture. One objection to the use of medical diagnosis in the nursing diagnostic statement is that it is the client's response to pathology that is of concern to nurses (Forsyth, 1984). Gordon (1982) suggests that the medical diagnosis is not clinically useful, since the example stated above does not get at the "real problem." She suggests that self-care deficit related to an uncompensated mobility impairment lends itself to intervention that can be "logically derived."

PITFALLS TO AVOID

In making a nursing diagnosis there are a number of problem areas that should be avoided. A common one is to attempt to make a diagnosis on the basis of a single sign or symptom. Think of a sign or symptom as a cue — a signal that there may be a problem which needs further investigation. Until a cluster or pattern of subjective and/or objective data is available, there is insufficient evidence to make a diagnosis.

A diagnosis is not a statement of a patient or client need. A need is an action statement that is aimed at the alleviation of a problem. Generally, the problem is revealed by asking the question, why?, in response to the statement of need. For example, if the nurse determines that Mr. Jones needs information about his diet and is asked "Why?," we might find that the diagnosis is noncompliance related to a knowledge deficit.

Some nurses tend to place a label on a patient's behavior, which is more reflective of an interpersonal problem the nurse is having with the patient than with a diagnosis. For example, a statement that Ms. Grey is uncooperative is simply a cue that a problem may exist. Further investigation may reveal that Ms. Grey resents intrusion into her privacy, perceives herself as a "guinea pig," or is denying the need for health care. In either event, her "uncooperative" behavior is not sufficient evidence upon which to make a diagnosis but it does provide a very real cue to the existence of a problem which needs further investigation.

It should be self-evident that a nursing diagnosis is not the same as a medical diagnosis. In addition, it is quite possible to have a nursing diagnosis where no medical diagnosis exists. This situation is quite common in an occupational health setting in which the major focus is health maintenance and disease prevention. And, finally, a nursing diagnosis does not need to be corroborated with a physician in order to be valid.

CONCLUSION

The purpose of this paper has been to present a comprehensive definition and the essential features of a nursing diagnosis. In addition, features that are not characteristics of a nursing diagnosis have been briefly discussed. These features reflect the current state of the art. The increasing use of diagnosis in the clinical practice of nurses coupled with substantive research of new diagnostic categories, critical indicators, etiologies, and interventions will no doubt contribute to some modifications of the way we view nursing diagnosis in the years to come.

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