What are You Bringing to the Table? As a Nurse, and as an APN

Margaret Lunney, RN, PhD

Professor & Graduate Programs Coordinator

College of Staten Island, CUNY

margaret.lunney@gmail.com

Objectives

1) Discuss the importance of being able to describe what nurses bring to the table;

2) Explain factors that influence variance in accuracy of nurses' diagnoses;

3) Demonstrate application of critical thinking with case studies;

4) Implement strategies to achieve diagnostic accuracy and teach/guide other nurses (APN role).

"What Are You Bringing to the Table?"

- Opportunities to affect the quality
of health care are limited
if nurses and APNs are
not able to answer
this question
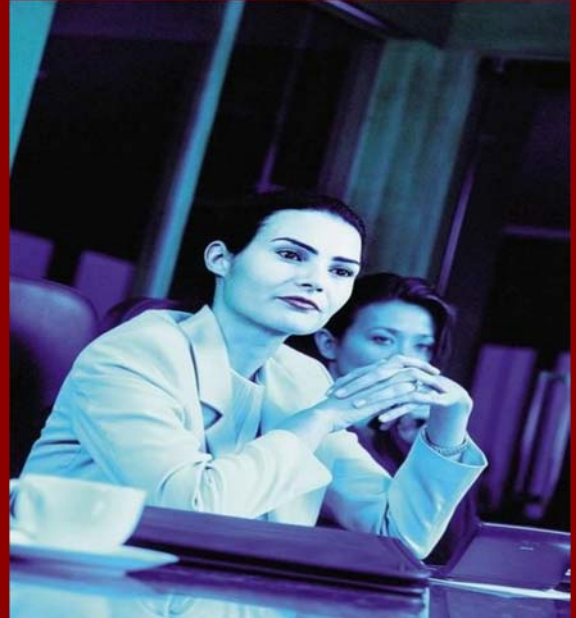
What ARE You Bringing to the Table?

Unique service of nurses is mostly invisible:

- Perceived as only "following" physician orders

- Societal view: Nursing is a subsystem of medicine

  Ex.-Use of the term "medical" professionals instead of "health care" professionals

What ARE Nurses Bringing to the Table?

- 86% of state laws in U.S. (Javin, 2010; Lavin,Meyer, & Carlson 1999) describe as:
  - Diagnosis of human responses
  - Interventions for human responses

What ARE You Bringing to the Table?

- Described in nursing models, philosophies, & theories
- Problem: Narrative descriptions are not practical for documentation
- Solution: Practical, clinically-based nursing concepts are available in standardized nursing languages (SNLs)

What Are You Bringing to the Table?

- Question can be answered using concepts from NANDA International, NOC & NIC (NNN):
  - NANDA International (I) Diagnoses
  - Nursing-Sensitive Patient Outcomes Classification (NOC)
  - Nursing Interventions Classification (NIC)

NANDA-I is a New Language for Nurses

Ex: What are likely medical problems for battered women?

Nurses' Diagnoses Provide Added Value for Helping, e.g.,
(Carlson-Catalano, 1997)

- Stress Overload
- Social Isolation
- Sleep Pattern Disturbance
- Self Esteem Disturbance
- Ineffective Coping
- Decisional Conflict
- Fatigue
- Ineffective Denial
- Hopelessness
- Altered Role Performance
- Powerlessness
- Ineffective Parenting

Ex: What are medical problems experienced by people in long term care?

# Nursing Diagnoses Provide Added Value for Helping, e.g.

- Self care deficits
- High risk for pressure ulcers
- Self esteem disturbance
- Powerlessness
- Hopelessness
- Anxiety
- Ineffective breathing pattern
- Chronic Pain

Opportunity for Nurses to Communicate What They Bring to the Table

- Nursing diagnoses ADD health-related info to help people
- Electronic Health Record (EHR) = Need file names
- NANDA-I, NOC and NIC provide file names

Accurate Naming of Nurses' Focus Affects Quality

Relational Model of Nursing Languages and Quality-Based Care

Naming ←→ Thoughts ←→ Discernment

Interpretation/Diagnosis

Communication+Cooperation+Action
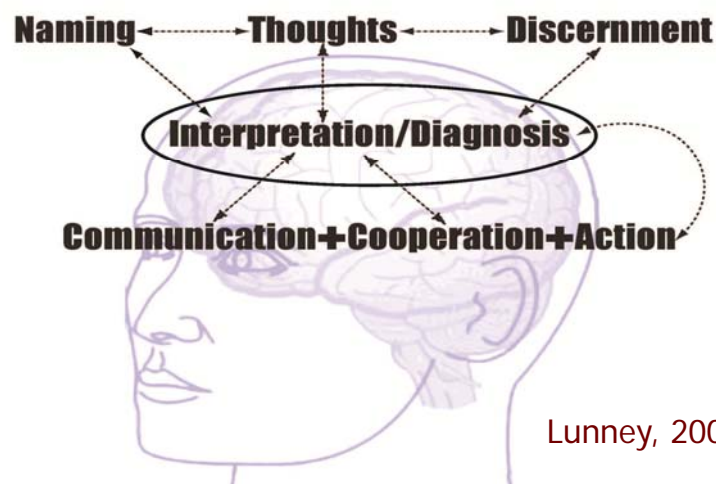
Lunney, 2008

WHY DOES NAMING NURSES' DIAGNOSES OF HUMAN RESPONSES AND EXPERIENCES AFFECT THE QUALITY OF CARE?

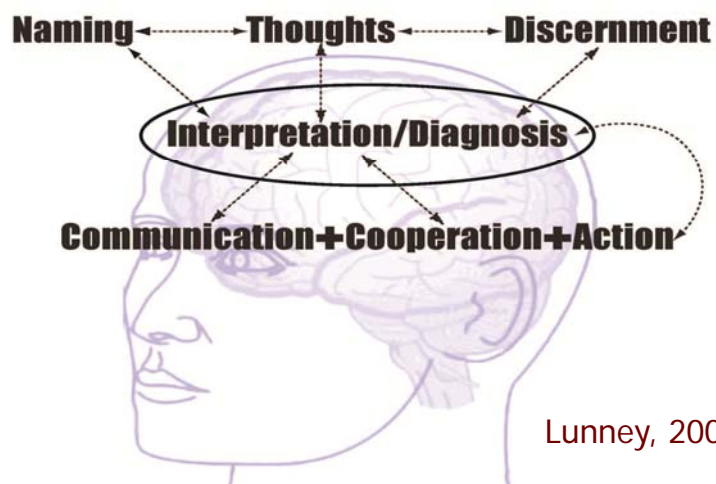Because nursing interventions to help people are based on data interpretations.

?? Interventions for these 2 diagnoses with similar S & S

DYSREFLEXIA S & S	DECREASED CARDIAC OUTPUT S & S
Paroxysmal hypertension	Variation in blood pressure
Severe headache	Fatigue
Possible decreased urine output	Oliguria
Profuse Diaphoresis above injury; Chilling	Cold, clammy skin
Pallor below injury Facial erythema	Skin color changes
Chest pain	Chest pain (if angina or MI)
Bradycardia	Decreased pulses
Anxiety	Anxiety

Accurate Naming of Nurses' Focus Affects Quality

Relational Model of Nursing Languages and Quality-Based Care

Naming ←→ Thoughts ←→ Discernment

Interpretation/Diagnosis

Communication + Cooperation + Action

Lunney, 2008

Accuracy: Summary of Evidence

Research findings over 4 decades show wide variation in

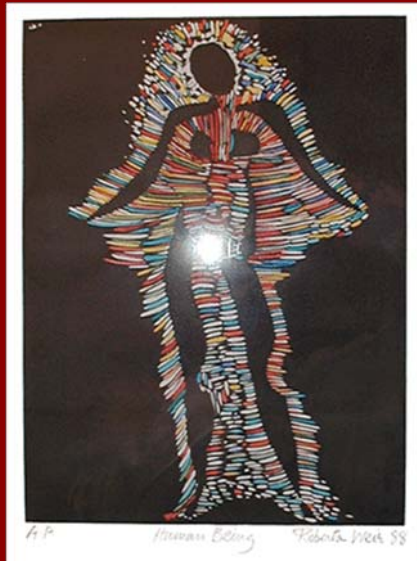accuracy of nurses' data interpretations (Lunney, 2008)

Why?
Human experiences are complex.

Why?
Human Beings are Unique

We do not know other human beings. To know others, we must ask them about themselves and <u>listen</u>.

Munhall, 1993

Data interpretations may not be accurate enough to guide the selection of interventions.

Patient's Experience

Nurses' Interpretation

Three Categories of Factors Affect Accuracy of Data Interpretations

- Nature of the Diagnostic Task
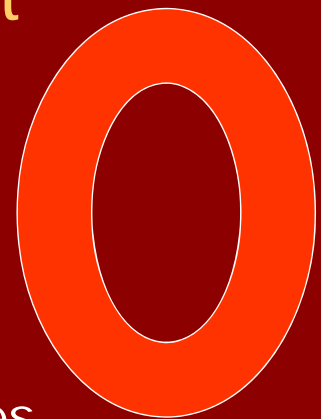- Situational Context
- Diagnostician

Nature of Diagnostic Task

- Amounts of patient data
- Types of patient data
- Availability of data
- Domains of the human condition
  Ex: clinic visit, 30 y.o. woman with type 2 diabetes
- Number and types of problems
- Acuity levels
- Interaction-nurses' experience & knowledge

Research Findings: Nature of Diagnostic Task

- Data Relevance: High, moderate, low
  - ⬆Amounts of low relevance data-⬇ accuracy
  - 1 or 2 highly relevant cues- ⬆ accuracy
- Amounts of data
  - \# of cues that apply to diagnosis
  - Restricted information-⬆accuracy
- Complexity of diagnostic task
  - ⬆ complexity-⬇ accuracy

Situational Context

- Healthcare setting:
  - Mission & purpose
  - Acuity level
  - Nurse-patient ratio
- Resources:
  - Knowledge of human responses
  - Other providers, managers
- Policies and procedures:
  - Patient-centered care
  - Expectations & requirements re: NDx
  - System support for collaboration
  - Assessment framework & requirements

Research Findings: Situational Context

- Time pressure
  - ⬆ Time pressure - ⬇ accuracy
- Role in healthcare system
  - Similar roles = Similar inferences
- Policies, e.g., national regulations, protocols, system power differences
- Use of SNLs
  - Accuracy low without use of SNLs
  - Indications in pilot study (Lunney et al., 2004)

Diagnostician

- Interpersonal
  - Positive relationship with patien
  - Partnership vs. authority
- Technical
  - Assessment framework
  - Interviewing skills
  - Physical examination skills
- Intellectual
  - Amounts and types of knowledge
  - Thinking processes developed & used

Research Findings: Diagnostician

- Nursing education: Mixed results
  - Level of education may not be as important as education related to NDx
  - Positive association with
    - Teaching aids
    - Education on NDx
      - Müller-Staub et al., 2007; 2009; 2010
- Nursing experience:
  - Most studies: experience is positively related, e.g., cue collection & clustering
  - Some older studies-Years of experience made no difference

Critical Need

- Supported by research evidence
  - Studies of data interpretations
  - Wide variance demonstrated
- Categories of influencing factors:
  - Nature of Diagnostic Task
  - Situational Context
  - Diagnostician
  - Interactions of factors in 3 categories

Accountability has been weak but, perhaps, improving

- Literature sources: Search term-
  accuracy of nurses' diagnoses
  - CINAHL search, 1980-2011 = 10 articles
  - Pubmed search, 1980-2006
    38 articles
  - Pubmed search, 2007-2011
    26 references, 15 provide useful data

Accountability has been weak but, perhaps, improving.

- Literature sources: Search
  nurses' decision-making
  - Pubmed search: 1980-20, 2000 references
    - 0 articles-interpretations of data
    - 41 articles-clinical decision making and factors that affect, variance stated and implied
  - Pubmed search, 2007-2011- 402 references
    - 10 articles- interpretations of data
    - 35 articles-clinical decision making and factors that affect, variance stated and implied

System accountability is weak.

- Agency policies **not** consistent with accuracy
  - Must document 1 or more problem diagnoses on admission
  - Use only NANDA-I approved diagnoses
- Lack of visibility at policy maker conferences and in journals

---

Low accuracy contributes to
- Harm to patients & families
- Wasted time and energy
- Absence of positive outcomes
- Patient dissatisfaction
- Higher costs
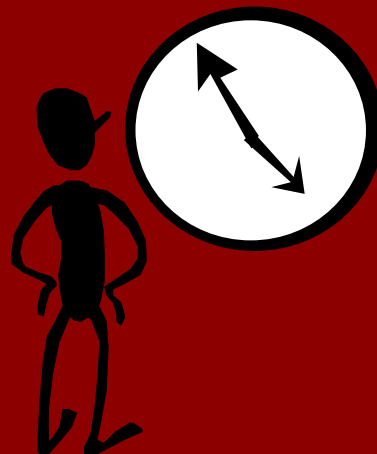
Implications

- With implementation of EHRs:
  - Data aggregated to describe nursing
  - Data based on low accuracy = useless
- Developers and users need to:
  - Assume accountability for accuracy
  - Measure accuracy
  - Promote accuracy

Illustrate Thinking Processes with a Case Study, MRS. R.P.

EX: Mrs. RP was admitted to the hospital in stage II heart failure
Amicucci ,2009
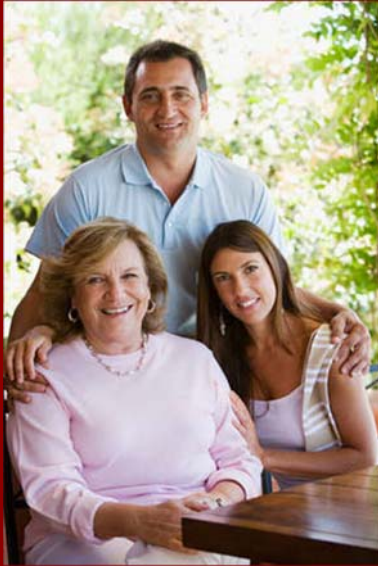
- Age 61
- Hypertension
- Overweight, BMI = 31
- Type 2 diabetes X 2 years
- BP = 150/92
- HR = 124
- RR = 28

Domain knowledge is needed.

The Heart of a Woman

NANDA International
NURSING DIAGNOSES
Definitions and Classification
2009-2011

International Journal of Nursing Terminologies and Classifications
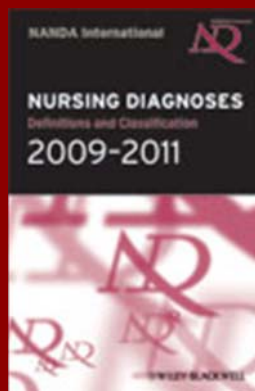
A nurse who prematurely decides on nursing diagnoses might select:

Anxiety r.t. hospitalization

Decreased Cardiac Output

Altered Nutrition

Deficient Knowledge

Instead, Critical Thinking is Needed

Open Mindedness

Information Seeking

Flexibility

Applying Standards

Critical Thinking Processes: Cognitive Skills

Rubenfeld & Scheffer, 2010
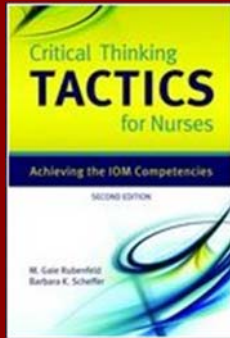
7 Cognitive Skills

Analyzing
Applying Standards
Discriminating
Information Seeking
Logical Reasoning
Predicting
Transforming Knowledge

Critical Thinking Processes: Habits of the Mind

Rubenfeld & Scheffer, 2010
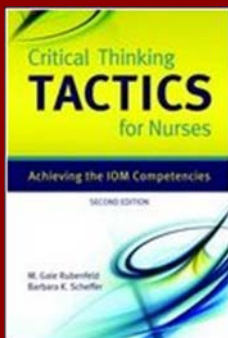
10 Habits of the Mind

Confidence	Intellectual Integrity
Contextual perspective	Intuition
Creativity	Open-mindedness
Flexibility	Perseverance
Inquisitiveness	Reflection

The nurse listened while Mrs. RP told her story.

- Married for 32 years
- 2 children
    - 28 y.o. son lives home
    - 31 y.o. daughter married
- 2 y.o. granddaughter
- "adores" granddaughter
- Husband works full time
- Retired RN, 35 yrs
- Labor & Delivery

The nurse continued to use critical thinking.

Intellectual integrity

Contextual perspective

Flexibility

Information Seeking

Analyzing
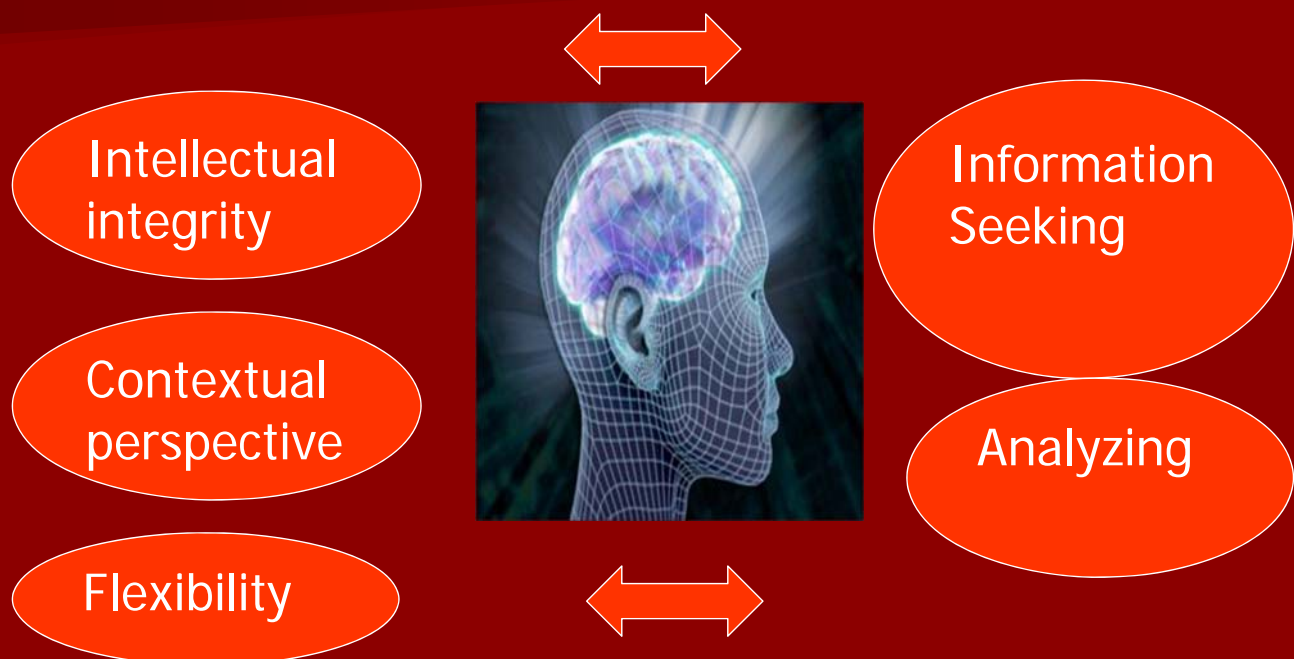
Mrs. RP revealed her thoughts and feelings because the nurse was listening.

Diabetic regimen
- •Oral medication
- •Yoga classes

•"Try" to follow ADA diet, "hard"

•"Frustrated"-cardiac status

•" I have been trying to do everything I am supposed to and still had a heart attack and now heart failure"

•"Overwhelmed"

The nurse continued to listen to Mrs. RP's story.

- "Previously, I was healthy."
- In the last 6 years, I experienced:
  - Menopause
  - BP
  - Diabetes
  - Heart attack
- "Now this"
- "I want to be able to play with my granddaughter"
- "I know I should have been exercising more and losing weight. I hope I can make this better"

Further critical thinking was needed

Analyzing

Flexibility

Logical reasoning

Diagnostic Concept

Self Health Management
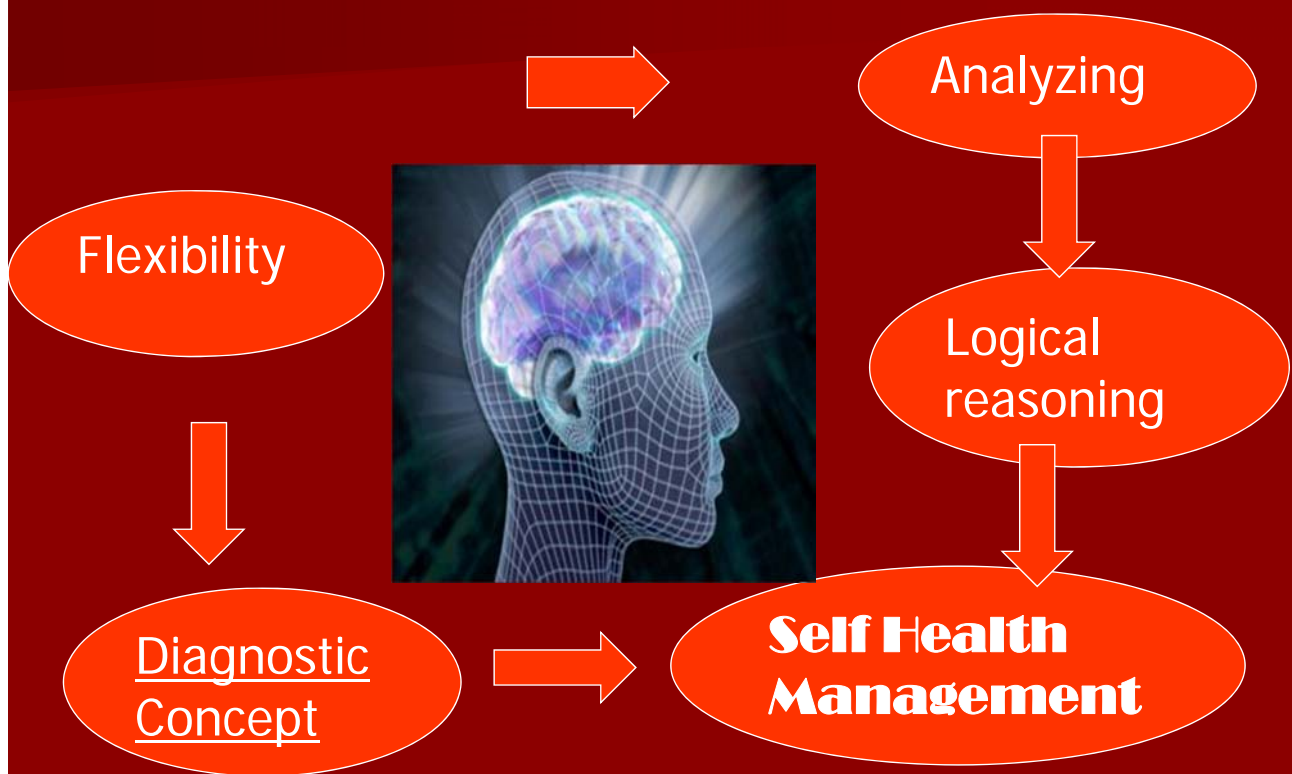
Which qualifier is the best fit?

Applying Standards

Discriminating

Health promotion? Ready for enhanced...

or

Risk State? Risk for...

or

Problem? Ineffective...
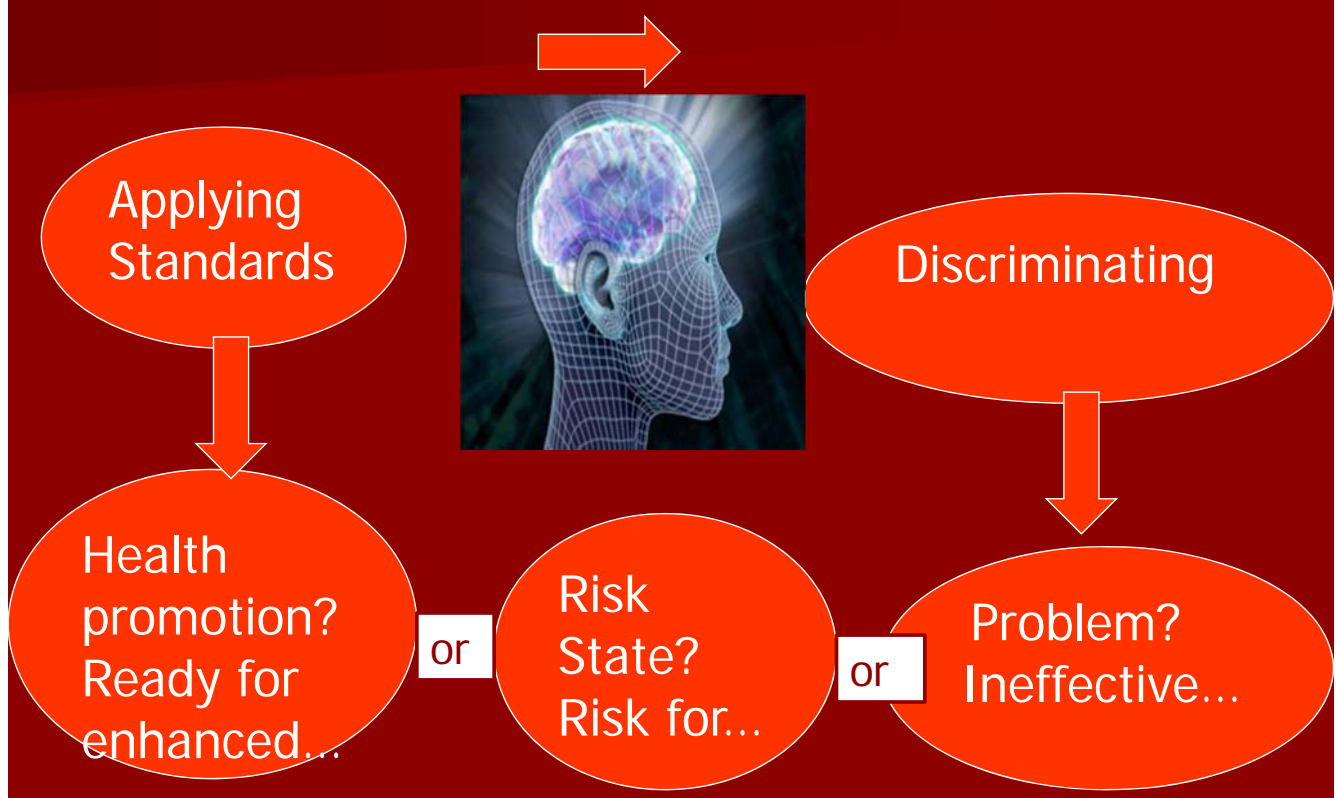
Critical thinking still needed:

Perseverance

Flexibility

Contextual perspective

Applying standards

Predicting

Logical Reasoning
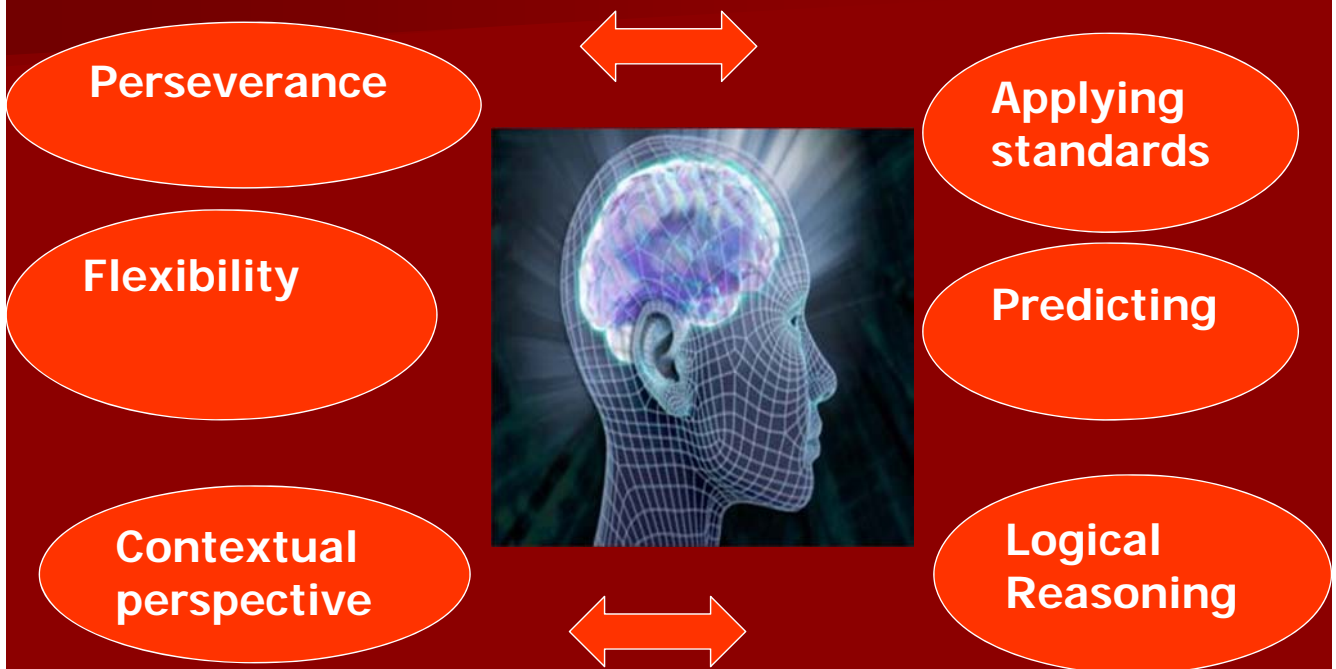
The nurse and Mrs. RP decided on 2 diagnoses.

Readiness for Enhanced Self Health Management
&
Activity Intolerance
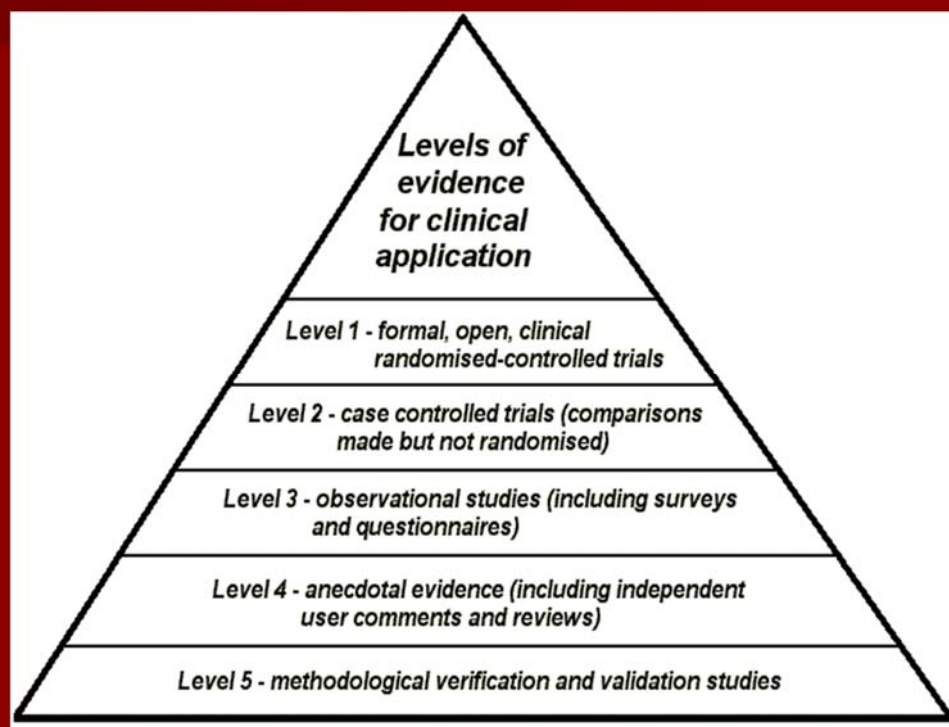
Outcomes
&
Interventions

Resources
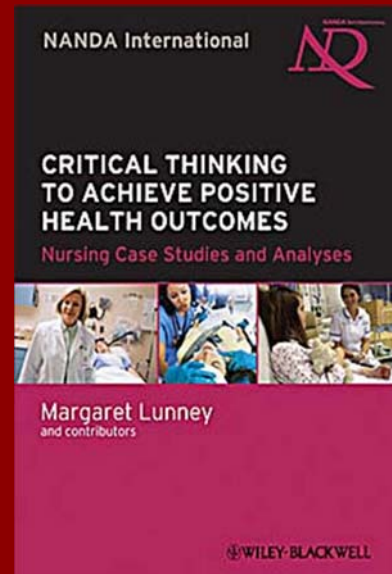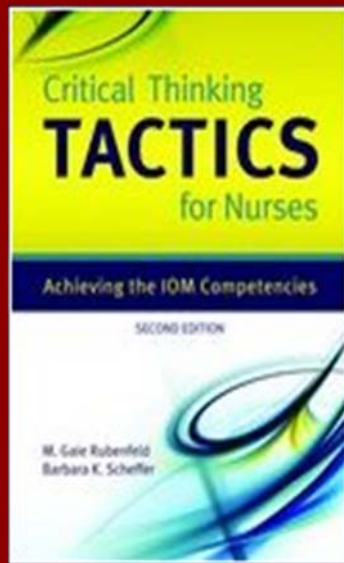
STRATEGIES FOR NURSE DIAGNOSTICIANS

1. Develop Domain Knowledge: Use journal articles, books, Internet Sources
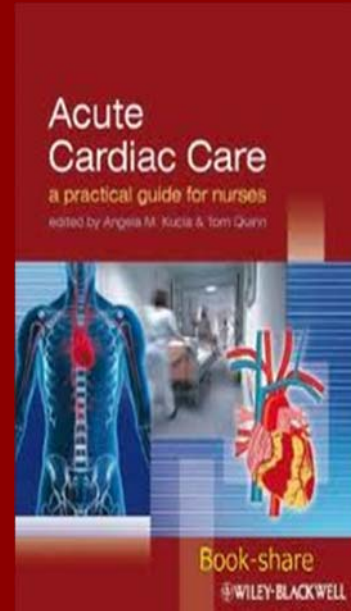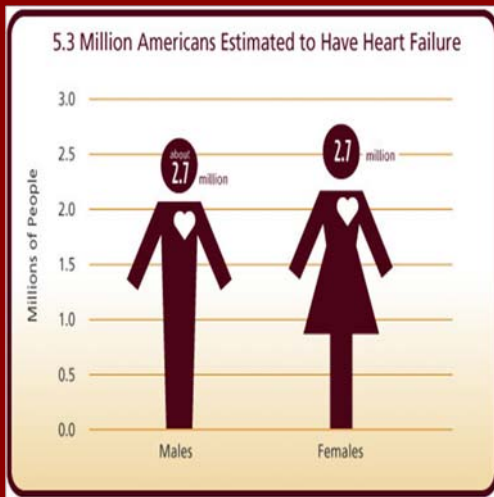
1. Develop Domain Knowledge: Know the Evidence

1. Develop Domain Knowledge: Conferences, e.g., Diagnostic Reasoning

1. Develop Domain Knowledge: Collaborate with colleagues

2. Use Critical Thinking Processes

Cognitive Skills

- Analyzing
- Applying Standards
- Discriminating
- Information Seeking
- Logical Reasoning
- Predicting
- Transforming Knowledge

Habits of the Mind

- Confidence
- Intellectual Integrity
- Contextual perspective
- Intuition
- Creativity
- Open-mindedness
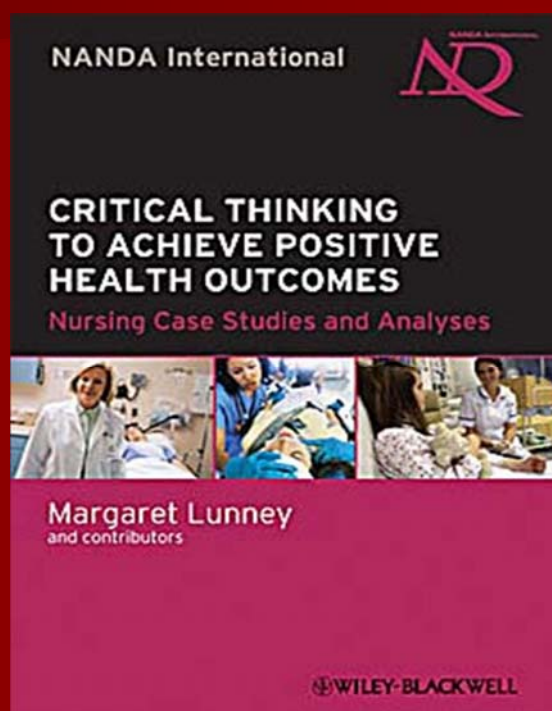- Flexibility
- Perseverance
- Inquisitiveness
- Reflection

3. Accept that low accuracy is possible
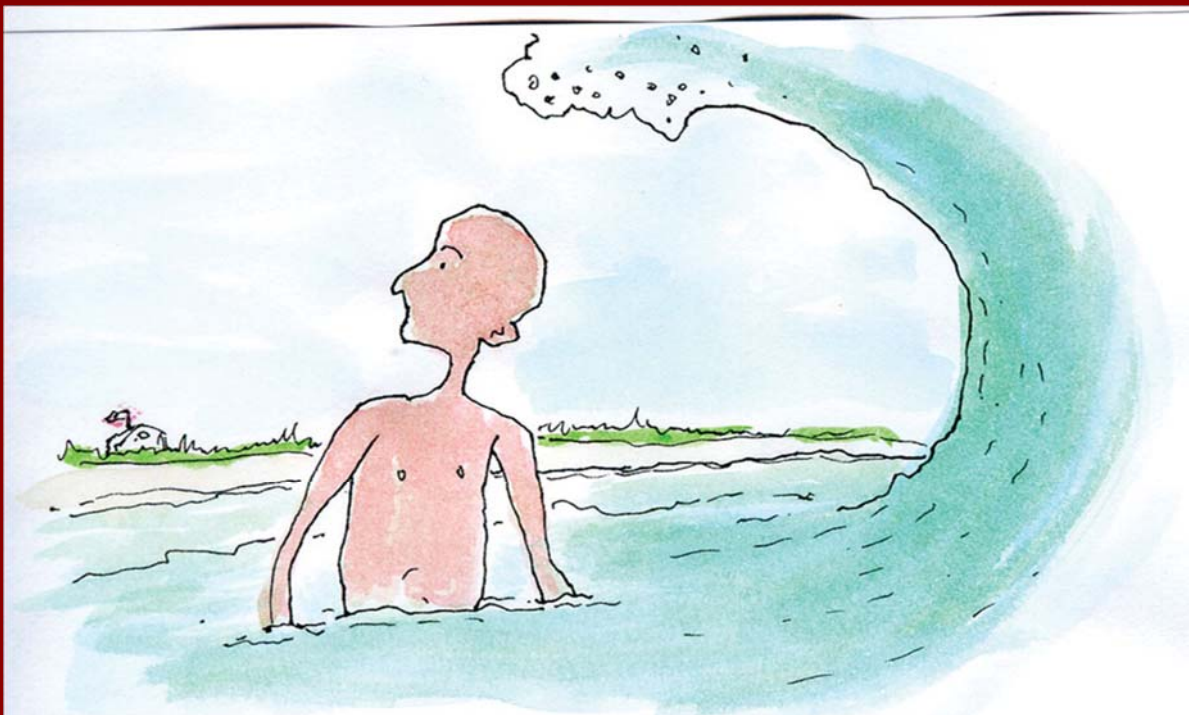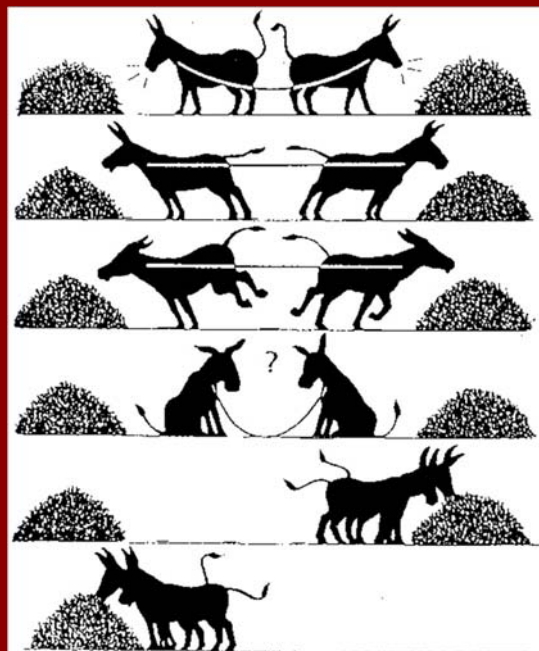
4. Work in partnership with patients & families

5. Use case studies as models

6. Reward yourself and others for accuracy, e.g., acknowledgement, feedback.

7. Collaborate with other nurses and help other nurses to collaborate

Excellence is achieved when we provide the best possible care. The quality of care depends on diagnostic accuracy.

FYI: Websites

- ❑ www.nanda.org
- ❑ www.nursing.uiowa.edu/centers/cncce/
- ❑ www.nursingworld.org/nidsec/index.htm
- ❑ www.pflege-pbs.ch
- ❑ www.ncbi.nlm.nih.gov/sites/ entrez?db=pubmed

Additional Comments/Questions