

NURSING DIAGNOSIS

PROCESS AND APPLICATION

THIRD
EDITION

MARJORY GORDON

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PROCESS AND APPLICATION

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To
my parents
and to
nurses
past, present,
and future

*Like hues and harmonies of evening—
Like clouds in starlight widely spread—
Like memory of music fled—
Like aught that for its grace may be
Dear, and yet dearer for its mystery.*

*Thy light alone—like mist o'er mountain driven,
or music by the night—wind sent
through strings of some still instrument,
or moonlight on a midnight stream,
Gives grace and truth to life's unquiet dream.*

P. B. Shelley
Hymn to Intellectual Beauty

PREFACE

This third edition of *Nursing Diagnosis: Process and Application* is published approximately 20 years after the first national conference on diagnostic classification was called by Kristine Gebbie and Mary Ann Lavin at St. Louis University. Since 1973 nursing diagnosis has become an integral part of professional nursing practice and has served to make nursing more visible in its contribution to health care. Today, work on classifications for nursing practice has extended to an international effort that involves many countries and cultures around the world.

The relevance of nursing diagnosis to practice, education, and research will sustain enthusiasm for continued development in the years ahead. Since the first edition of this book in 1982, use of nursing diagnosis has grown considerably. Clinical textbooks include nursing diagnoses, and professional nursing associations and health care accrediting agencies view diagnosis as a national standard of professional practice. The American Association of Colleges of Nursing and the National League for Nursing emphasize critical thinking and clinical judgment as essential content in nursing education. The clinical applicability of critical thinking is seen in clinicians' diagnostic and therapeutic judgment.

The purpose of *Nursing Diagnosis: Process and Application* is to integrate nursing diagnosis as a category and as a critical thinking activity. A career in professional nursing requires competence in clinical reasoning, as well as the use of diagnostic categories. Knowledge of terms from a manual is necessary, yet terminology without diagnostic process skills leads to inaccurate clinical judgments. Similarly, diagnostic skill without terminology is akin to speaking ability without language. The success of the first two editions can be attributed to the clear, in-depth treatment of the subject and its

application to nursing process, practice, and health care delivery. The chapters in this book provide the beginning professional nursing student with a solid foundation on which to build clinical knowledge and experience.

This edition was written with the expectation that the student will begin to use this book in the first course dealing with nursing process. As clinical experience with clients increases, the reader will find it useful to refer again to the sections on process and application. In fact, development of diagnostic expertise requires a lifelong commitment to learning, and the reader will "see" new things after graduation when this book is reread and clinical knowledge accumulates.

In this edition of *Nursing Diagnosis: Process and Application*, one chapter has been added, all have been updated, most have been revised or extended, and further examples have been added to clarify ideas. Rather than placing questions and exercises at the end of chapters, they are incorporated into the text as a learning tool. Questions that students may raise, or should raise, are included. In some chapters the questions exemplify actual problems informally solicited from undergraduate students learning nursing diagnosis. Raising questions, as a teaching style, encourages students to raise their own questions as they study and use nursing diagnoses.

Exercises followed by a discussion of right and wrong answers are also incorporated into the text. This provides immediate feedback and permits learning to be applied before moving to the next topic. Within the text, salient points are italicized or listed for easier identification by the student. Summaries at the end of each chapter provide a succinct review of major points. Appendixes include current information on diagnoses and their development, simple to complex exercises in as-

pects of the diagnostic process, and additional content and examples in two areas.

In this edition the major themes from previous editions have been retained: *What is a nursing diagnosis? How are diagnoses made? How are they used in nursing process and in care delivery?*

Nursing diagnosis: concept and category

In *Chapters 1 and 2*, the following important aspects of diagnostic categories are discussed: the evolution of diagnostic categories, the context in which they are used, and nursing diagnosis defined as a concept and a process. Diagnoses are stressed as being important to treatment planning and in articulating the unique perspective of nursing. They are concepts used in clinical reasoning to describe the health status of a person, family, or community. Currently most textbooks and clinical agencies use the North American Nursing Diagnosis Association Diagnostic Classification System. Some are not sufficiently precise, conceptually consistent, or fully descriptive of the unique aspects of nursing. Despite this, clinicians find the available categories useful in thinking about nursing care. Students need to recognize that in any profession, concepts evolve as knowledge evolves from clinical research.

In *Chapter 3*, nursing diagnosis is considered with diagnosis in medicine and in social work. Content on the focus, frameworks, ideas about causality, classification systems, and process is presented. It is important for the student to gain an appreciation that diagnoses in nursing are evolving in a manner similar to that of other professions' diagnoses. In this chapter the student will gain a broad perspective on the major health professions and an appreciation of the similarities and differences between medical and nursing diagnoses. Many professions interact in care delivery, and each has to appreciate the other's focus of practice.

Further information on the major aspects of diagnostic category development and classification is contained in *Chapter 12*. Issues in development, critiques, and progress in classification are discussed. The student will encounter clinical situations for which a problem has not been described and labeled. This chapter provides information on

how to create a nursing diagnosis. It also provides some hints on helping others move to diagnosis-based practice.

Nursing diagnosis as critical thinking

Many aspects of critical thinking are required in diagnostic reasoning and judgment. New research in this area has resulted in major changes and additions in most of the five chapters dealing with this topic. There is no one diagnostic process that everyone should use all the time. Clinical reasoning situations differ. It may be most useful for students to study the *components* of reasoning and how these apply to the types of tasks they will encounter in clinical practice rather than searching for one reasoning mode. Being aware of the cognitive operations involved will allow flexibility and broad applicability of thinking skills. In *Chapters 4 through 8* the reader will find discussions of nursing perspectives, useful information on functional assessment, strategies for collecting and processing information, and the formulation and statement of nursing diagnoses.

The content of *Chapter 4* is based on the assumption that diagnosis in nursing requires taking a nursing perspective on a situation, just as medical diagnosis requires a medical perspective. Grand theories or frameworks, such as self-care agency, adaptation, and others, provide a perspective and a framework for diagnosis, intervention, and outcome projection. *Chapter 5* focuses on functional health patterns. This is a basic framework at a concrete level that can be used as a structure for assessment with any model, including a simple functional model. The reader is helped to see how assessment of health patterns can provide a basic data base for health status assessment and nursing diagnosis. A detailed examination of issues related to the use of functional health patterns in practice is provided. Following this, in *Chapter 6* dysfunctional and potentially dysfunctional health patterns (nursing diagnoses) are discussed. Guidelines for investigating changes from functional to dysfunctional patterns are provided.

Assessment is the information-collection component of the diagnostic process. All elements that combine to make an assessment efficient and accurate are contained in the discussions of *Chapter*

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