

The Nurses' Nursing Diagnosis Identification in Public Hospital, Indonesia

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Abstract

The nursing process is a pivotal action in nurses' clinical practice. It enquires appropriate assessment and critical thinking with several steps of data analysis. One step in the nursing process is the nursing diagnosis establishment. Nursing diagnosis is the nurse's clinical decision for patients' response in the level of individual, family, group and community. The aim of this study was to identify the nursing diagnosis identification in RSUP H. Adam Malik Hospital, Medan. The study sample was 90 nurses who were taken randomly with a convenience sampling technique. The instrument consists of two instruments that are the demographic data and the list of 245 NANDA-International (NANDA-I) nursing diagnoses labels 2015-2017. The result showed that all the nurses identified all the NANDA-I nursing diagnoses as nursing diagnosis. And, there are 10 nursing diagnoses were frequently used by nurses in Adam Malik Hospital. The diagnosis was: activity intolerance (88.8%), impaired comfort (86.6%), decreased cardiac output (81.1%), anxiety (78.8%), impaired gas exchange (77.7%), impaired physical mobility (75.5%), impaired skin integrity (74.4%), risk for infection (72.2%), acute pain (71.1%), and sleep pattern disturbance (71.1%). It is recommended in the future to explore more the main nursing diagnosis among the patients in order to implement the appropriate nursing interventions in clinical practice.

Keywords: *Nursing diagnosis, NANDA taxonomy, inpatient nurses*

Introduction

Nursing diagnosis is a nursing statement which describes the actual or potential health risk in the nursing process⁽¹⁾. It shows the patient's response to the occurrence of health problems and stressors⁽²⁾. As the client health status change, the nursing diagnosis can be modified depending on the present responses. The modifications of nursing diagnoses occur continuously, in line with changes in the level of nursing care⁽³⁾.

The purpose of nursing diagnoses is as a reference

for the nurses in nursing careplanning that are appropriate for patients and their families. It might contribute to the clients' ability in reducing the health problems occurrence⁽⁴⁾. According to International (n.d.), the nurses have a significant role in solving the problems in the nursing process. It includes five stages, namely: assessment, nursing diagnosis, planning, implementation, and evaluation.

In term of nursing diagnosis, it requires the nurses understanding of standardized nursing language (SNL)⁽⁵⁾. SNL is a structured nursing vocabulary applied by nurses as a common language in communicating patients' condition⁽⁶⁾. The implementation of SNL development is important for data sets, nomenclature, classification, taxonomy, terminology, and managing labels for clinical phenomena that are the concern of the nursing profession. According to Falan (2010), the identification of the nursing diagnosis are varied among nurses and some nursing diagnosis formulas were not

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in accordance with the NANDA International nursing diagnosis standard.

The formulation of the nursing diagnoses requires a learning process to improve the ability to recognize the nursing problems⁽⁸⁾. It might be influenced by internal and external factors. Internal factors such as the nurse’s abilities, physical and mental conditions, self-motivation, internal support and dynamic elements in learning. While external factors such as teaching efforts in learning, and the learning environment ⁽⁹⁾. A research conducted by Levin, Lunney, & Krainovich-Miller (2004) stated that most of the nursing students showed good perceptions and positive attitudes toward the application of nursing diagnoses using NANDA-I. However, this perception is not congruent with the fact that the nursing diagnosis establishment is ignored in clinical practice⁽¹¹⁾. This is related to the nurses’ workload and unsupportive environment.

Based on the several phenomena regarding the inappropriate diagnosis formulation in several hospitals, it is interesting for researchers to find out more about the nurses’ identification for nursing diagnoses applied by nurses in H. Adam Malik General Hospital Medan as the biggest hospital in Sumatera Utara, Indonesia.

Method

The aim of the study was to identify the nurses’ identification for nursing diagnoses labels identified in H. Adam Malik General Hospital Medan. This research design is a descriptive study. The population of this study was 900 nurses in the inpatient unit. The research sample was 90 nurses which were obtained with a convenience sampling technique. The instruments in this research are two parts. The first part contains questions on demographic data, such as sex, age, a room of duty, length of work, and education level. This demographic data also contains of 4 questions related to NANDA-I nursing diagnosis. The second part contains the list of 245 NANDA nursing diagnoses labels 2015-2017 edition. The data collection is obtained through questionnaires distribution in every inpatient unit. The researchers were coordinate with the head nurses in every inpatient’s unit related to how many nurses want to participate. Then the researchers explained the purpose of the study and asked the willingness of the nurses to become the respondents. After the nurse filling out the questionnaire, the questionnaire is collected again. The first step in data analysis was to check instruments

completeness and ensure all answers are filled. This study uses a univariate test which aims to describe the variable by producing tables of frequency distribution and percentage of demographic data based on NANDA nursing diagnoses list 2015-2017.

Result

The research results revealed that most of the respondents were female (94.4%), more than half respondents have nursing diploma background, 44.4% have 1-5 years’ experience and 41.1% were in the middle age of adulthood (31-40 years old). In addition, more than half respondents didn’t know the meaning of nursing diagnosis definition (59%), but 76% respondents know how to establish the nursing diagnosis with Problem and Etiology statement. The research result as follows.

Table 1. The Frequency and Percentage of Nursing Data Demographic (N=90)

Demographic Data	Frequency (f)	Percentage (%)
Sex		
Male	5	5,6
Female	85	94,4
Age		
21-30	32	35,5
31-40	37	41,1
41-50	16	17,8
51-60	5	5,6
Inpatient Unit		
RA4	8	8,8
VIP	17	18,8
RA2	5	5,6
RA3	8	8,8
ICU	6	6,7
RB3	5	5,6
Cardio Room	23	25,6
PICU	5	5,6
ICU Post Op	5	5,6
RA5	5	5,6
RB2A	3	3,3
Work Experience		
1-5	40	44,4
6-10	23	25,6
11-15	8	8,9
16-20	7	7,8

Demographic Data	Frequency (f)	Percentage (%)
21-25	9	10
26-30	3	3,3
Educational Level		
Diploma	52	57,8
Bachelor Degree	22	24,4
Registered Nurse	16	17,8
Nursing Diagnosis Definition		
Know	31	34,4
Not Know	59	65,6
Nursing Diagnosis Component		
With Problem and Etiology Statement	76	84,4
Without Problem and Etiology Statement	14	15,6
Diagnostic Process		
Know	22	24,4
Not Know	68	75,6
NANDA Nursing Diagnosis Taxonomy		
Know	35	38,9
Not Know	55	61,1

According to the research result, all nurses were able to identify 245 nursing diagnosis labels. However, there is only 10 nursing diagnosis with high frequency identified by all nurses in the hospital. The nursing diagnoses most often used by the nurses are activity intolerance (88.8%) and the least one was sleep pattern disturbance (71.1 %). The list of 10 nursing diagnoses as follows.

Table 2. 10 most nursing diagnosis identify by nurses in RSUP H. Adam Malik Medan

No	Nursing Diagnosis Labels	f	%
1	Activity intolerance	80	88,8
2	Impaired comfort	78	86,6
3	Decreased cardiac output	73	81,1
4	Anxiety	71	78,8
5	Impaired gas exchange	70	77,7
6	Impaired physical mobility	68	75,5
7	Impaired skin integrity	67	74,4
8	Risk for infection	65	72,2
9	Acute pain	64	71,1
10	Sleep pattern disturbance	64	71,1

Based on the study results it showed that the most frequent nursing diagnoses identified by nurses at H. Adam Malik General Hospital Medan are activity intolerance (88.8%), impaired comfort (86.6%), decreased cardiac output (81.1%), anxiety (78.8%), impaired gas exchange (77.7%), impaired physical mobility (75.5%), impaired skin integrity (74.4%), risk for infection (72.2%), acute pain (71.1%), and sleep pattern disturbance (71.1%)

Discussion

The research related to nursing terminology were established worldwide to support the evidence based practice. In case of Indonesia, some researches related to this issue had been conducted in hospitals and community level (Nurjannah & Mailani, 2016). The research result revealed that the most frequent nursing diagnosis was activity intolerance identified by the nurses among the hospitalized adult patients. This is similar with the research conducted by Tumanggor, (2017) indicated that some nursing diagnosis such as activity intolerance, acute pain, and risk of infection are the most common nursing diagnosis established among hospitalized patients in Universitas Sumatera Utara Hospital. Another research showed that risk for infection, impaired skin integrity, anxiety, and acute pain are some nursing diagnosis implemented among hospitalized patients (C. Rivera & Kathleen, 2002; Paans & Müller-Staub, 2015; Head et al., 2011).

According to the researches result above, it showed the similarity of the most common nursing diagnosis establishment among hospitalized patients world-wide. However, there were some factors should be considered regarding the nursing diagnosis establishment in the hospital. Firstly, the nurses' awareness regarding SNL should explore more. This is related to the nurses understanding for nursing diagnosis statement and labels. According to the research, the result showed that most of the nurses (75.6%) did not know how to analyze data for nursing diagnosis establishment. In addition, most nurses (61.1%) did not know NANDA-I is one of the SNL for nursing diagnosis labels applied in most countries. According to the research conducted by O'Connell (1995) showed that most nurses are familiar with nursing diagnosis labels in clinical practice, but have a weakness to state nursing diagnosis labels appropriately. It revealed that the nurses identify different nursing diagnosis for the same patients. For instance, the establishment of activity intolerance as

one of the most common nursing diagnosis in practice is identified for restricted mobility among the patients related to the physical weakness. Carpenito (2012) stated that the data major for activity intolerance is the patients' electrocardiographic changes, not only the physical weakness. Physical weakness is related to many nursing diagnoses such as impaired physical mobility, impaired walking, impaired bed mobility, impaired transfer ability, and risk for constipation (International, n.d.; Paper, 2016).

According to Suarni, Nurjannah, & Apriyani (2015), the nurses need a supportive tool in the nursing diagnostic process in order to diagnose more accurately. In addition, the using of ISDA/Intan's Screening Diagnosis Assessment as one of the nursing tools in nursing diagnostic revealed more accurate nursing diagnosis identification by the nurses compared to four steps of nursing diagnosis establishment⁽²²⁾. Based on these researches, it can be concluded that the nursing diagnostic process is a difficult stage in the nursing diagnosis establishment. This is due to the nurses' lack of knowledge in SNL and how to analyze the patients' data. For this reason, the using of six steps of nursing diagnostic contributed to nursing diagnosis establishment more accurate compared with four steps nursing diagnostic (Nurjannah & Warsini, 2014). It showed more nursing diagnosis identified by the nurses. Therefore, it supports the nurses in the nursing process. In addition⁽²⁴⁾ revealed the difference in nursing diagnosis establishment among students, even with the same steps of nursing diagnostic and the same level of knowledge. Therefore, it proved that the nursing diagnostic process for nurses remains a difficult process and need more tools to be more accurate.

Conclusion

Based on the study results, it is concluded that the nurses were recognized all nursing diagnoses labels with 10 most frequent nursing diagnosis. However, this is inversely proportional to nurses' knowledge of SNL and the process of determining nursing diagnoses. Many factors contribute to this diagnostic process, such as workload, motivation, supportive environment and the SNL training. Therefore, some recommendations are proposed for the nursing diagnosis improvement among nurses. Firstly, it needs to train the nurses for the more accurate nursing diagnosis establishment. Secondly, it needs to develop the nursing tool for data assessment, clustering data and analyzing. Therefore,

the nurses are easier to identify appropriate data for specific nursing diagnosis. Thirdly, it needs to explore more the main nursing diagnosis among the patients in order to implement the appropriate nursing interventions in practice.

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