

Original Research

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DETERMINATION OF NURSES' PERCEPTION STATUS FOR NURSING DIAGNOSES

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ABSTRACT

Objective

Nursing care plan is of great importance in detecting and evaluating the patient's health problems. The most important step in this situation is to be able to accurately determine the diagnosis. As a first step, the correct perception of diagnosis by nurses affects all care outcomes. In this respect, it is very important to measure the perception of diagnoses by nurses with systematically standardized materials.

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Materials and Methods

The descriptive study was conducted with quantitative research method. The sample of the study consisted of 56 nurses working in a university hospital who agreed to participate in the study from October 16 to November 20, 2017. The data were collected by using the questionnaire including the sociodemographic data and the Perceptions of Nursing Diagnoses Survey. SPSS 17 package program was used in the analysis.

Results

The sociodemographic characteristics of the nurses included in our study differ. The mean score on the subscale of the definition and promotion of nursing profession was the lowest in the perception of diagnoses scale and it was perceived better. The highest mean score in the sub-dimensions was determined the subscale of clearly defining the patient's condition and it was seen that nurses were inadequate in this area.

Conclusion

As a result, 'Nursing Diagnoses Perception Scale' which is the basic building block of nursing profession was examined with all aspects. Nurses; it was found to be negative in terms of clearly understanding the patient's condition.

Keywords: Nursing Diagnosis, Perception, Nursing

Introduction

The nursing process is a systematic method of managing care. It has an important place in using a common language by nurses and continuity of care. Nursing process is a scientific way of thinking and nurses are expected to internalize it and gain sufficient knowledge level and skills when starting professional life (1-3). Nursing diagnosis is an indispensable element of this process. According to NANDA's definition, it is a clinical decision made by a nurse about the reactions of an individual, family or community to existing or potential health problems/life

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processes. These decisions allow for individualized holistic care by addressing the problems, identifying possible risks, maintaining and improving health of any patient. Nursing diagnoses also have an important place in both theoretical knowledge and practices of nursing profession and contribute to their development (4-8-16). It facilitates the choosing of interventions that nurses are authorized and responsible to carry out and provides a basis for the results to be achieved (16-1-2).

Although the importance of nursing diagnoses is undeniable, there are significant problems in understanding and applying them. In order to be able to apply these diagnoses, first of all, there should be sufficient knowledge and its importance should be understood well. The perception of the value of the diagnoses and their contribution to practice by nurses in different ways may adversely affect their usage (11-14-7). It also adversely affects common terminology and universally accepted methods of patient care planning. The positive perception of the use of nursing diagnosis facilitate the identification of patient problems and the planning of patient care and also increase the quality of patient care. In this respect, it is important to create a guideline for appropriate use of nursing diagnosis (6-5-10). The benefits of this guideline include the improvement of nurses' critical thinking and diagnostic competence, and the evaluation of the relationship between interventions and patient outcomes (9-15).

Despite the increasing number of studies on nursing diagnosis, there are not enough studies on how they are perceived in practice. Therefore, it has been suggested that the results of the study will be beneficial in terms of the quality of care and the literature. In this respect, it is aimed to determine how nursing diagnosis is perceived by nurses and the factors affecting it.

Materials and Methods

The study was conducted as a descriptive study in order to determine the perception of nursing diagnosis by nurses. The study was planned to include all of the nurses (89) working in a university hospital. However, the sample of the study consisted of 56 nurses who agreed to participate in the study and who were not on leave or did not receive report at the time of the study. In the data collection, the Introductory Characteristics Form and Perceptions of Nursing

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Diagnoses Survey containing information about the characteristics of nurses were used by reviewing the literature (12-14-13) In the Introductory Characteristics Forms, the questions on age, gender, educational status, and duty in the hospital of nurses were included. The Perceptions of Nursing Diagnosis Survey was developed by Olsen, Frost The original Cronbach's alpha value of the scale is 0.94 and the Cronbach's alpha values of the subscales ranges from 0.79 to 0.92. The validity and reliability study of the Turkish version was conducted by Akin-Korhan et al. (2013) and Cronbach's alpha value was found to be 0.84. It includes four subdomains that assess the ease of use of nursing diagnoses and the perceptions on the benefits of the profession, care process. In the scale, there are 9 items in the subdomain in which the perceptions about the effect of the diagnoses on the definition and promotion of the nursing profession were evaluated, 8 items in the subdomain in which the perceptions on the facilitation of them in clearly defining the situation of the patient were evaluated, 8 items in the sub-domain in which the perceptions about the ease of use of the diagnoses were evaluated, and 5 items related to the conceptual aspect of the diagnosis. The scale is a 5-point Likert (fully agree / disagree) type scale and each item is scored from 5 "strongly agree" to 1 "strongly disagree"; the scale score is calculated by dividing the total score by number of items. Lower scores indicate that nurses positively perceive nursing diagnoses.

In our study, the Cronbach's alpha value was 0.81 for the whole scale, while it was 0.75, 0.65, 0.78 and 0.68 for the subscale of the definition and promotion of the nursing profession, clearly defining the patient's condition, the ease of use, and the conceptual aspect, respectively. The scale provides benefit for obtaining knowledge as an adequate measurement tool.

The ethical committee approval was obtained from the University Ethical Committee while a written permission and written informed consents were obtained from the University Hospital's Chief Physician and the participants, respectively. The pre-application of the introductory characteristics form was performed with 10 nurses and then the sample was included. The data were collected by face to face interview method and SPSS 17 software was used for the evaluation of them.

Results

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In Table 1, the mean age of the participants was $35 \pm$ and the most (80.4%) of them were women. When they were examined according to their places of residence, more than one third of them stated that they were living in the Turkish Republic of Northern Cyprus and most of them (67.9%) were single. 83.9% of the individuals stated that they had a bachelor degree, 50% of them stated that they worked for 1-4 years in their profession and 51.8% of them stated that they worked in the clinic for 1-4 years. Almost all of the nurses who participated in our study (92.9%) were working as clinical nurses, 83.9% of them were working in turns and 62.2% worked more than 40 hours per week in other words they were working longer than legal working hour limit. The nurses stated that they were working with an average of 4 nurses in their turns and providing care for 5 patients on in their each turn.

In Table 2, 78.6% of the nurses participating in our study stated that they received information about nursing diagnoses. 64.9% of them received this information from formal education while 14.3% received the information in-service training according to their statements. 88.7% of the participants stated that they had sufficient information about the diagnoses and 87.5% of them stated that these diagnoses should be used in patient care. However, 55.4% stated that they gave care using nursing diagnoses. 42.8% of nurses stated that they would like to receive education on nursing diagnoses.

In Table 3, the mean score of the nurses on the Perceptions of Nursing Diagnoses Survey ranged between a minimum of 1.10 and a maximum of 4.55, and the community score was 2.23. The mean score of the nurses on the subscale of the definition and promotion of nursing profession was 2.10, their mean score on the subscale of clearly defining the patient's condition was 3.10, their mean score on the ease of use subscale was 2.25 and their mean score on the conceptual aspect subscale was 2.85.

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In Table 4, some descriptive characteristics of the nurses and their mean scores on the whole Perceptions of Nursing Diagnoses Survey and its subscales were compared. The nurses having post-graduate education, fewer years in the profession (in terms of proximity to graduation), being the head of clinic as a status and being female were found to have lower mean scores. When analyzed in terms of sub-dimensions, all characteristics varied within themselves. However, when analyzed in accordance with all statistical information, no statistically significant results were found between the differences of the mean scores.

Discussion

In this study, the opinions of the nurses working in a university hospital were assessed using a measurement and assessment tool for nurses' perception of nursing diagnoses. Perception, interpretation of perceived data and individual learning differ due to differences. Assessing these differences with a standardized scale facilitate to interpret the situation. The determination of nursing diagnoses and the interventions appropriate for diagnosis are given and applied in any period according to the education curriculum of nursing education. It is supported by in-service training when nurses starts their professional lives. The mean score of the nurses on the sub-dimension of definition and promotion of nursing profession was found to be the lowest and better perceived. The reason for this situation has been suggested that the mean graduation years of working nurses was 5 years and the periodic in-service training was given in the institution.

The highest mean score in the study was determined in the subscale of clearly identifying the patient's condition. There are difficulties during education and practice. It requires systematic and concrete thinking. Nurses avoid focusing on the medical diagnosis of patients. The underlying causes can be listed as the load in the service and higher time needs of doctors for ordered jobs. Knowing the medical diagnoses of patients makes it easier to limit possible nursing diagnoses. Knowing the medical diagnosis and pathophysiology of the patient, to determine the possible complications and to select the appropriate diagnoses for these complications. It makes it convenient to systematize both dependent and independent nursing interventions according to these diagnoses. Although the mean scores on the subdimensions of

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conceptual aspect and ease of use Perceptions of Nursing Diagnoses Survey were more at medium level, the mean scores on these subscales was higher than the mean score on the subscale of clearly identifying the patient's status.

It is thought that using the concept map as a teaching method contribute to the concretization of nursing process. It is of great importance that most of the works in clinics is a part of the nursing process and it should be taken under written source. It provides a legal basis for nursing profession. It is an undeniable fact that the tasks given in clinics should be recorded as nursing care instead of being recorded as carrying out orders.

When the Cronbach's alpha values of the subscales of the Perceptions of Nursing Diagnoses Survey used in the study were examined, the Cronbach's alpha values of the subscales were found in the valid range except the subscales of conceptual aspect and clearly defining the status of the patient. The results of our study are in consistent with the findings of original Turkish validity and reliability study (Korhan et al., 2013).

In conclusion, the Perceptions of Nursing Diagnoses Survey which is a basic building block of nursing profession was examined in all aspects and it was found that it is not successful in terms of clearly understanding the patient's situation. Considering the small sample size of our study, it has been thought that conducting studies larger samples may show different results. However, in order to solve the problem, it is considered that giving more places to nursing diagnoses and nursing process in nursing education may facilitate the concretization. It has been also suggested for new nurses as it is useful to support in-service trainings.

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Table 1. Distribution of the Data on the Sociodemographic Characteristics of the Nurses

Sociodemographic Characteristics	Number	%
Gender		
Female	45	80.4
Male	11	19.4
Place of Residence		
TR	18	32.1
TRNC	22	39.3
TR+TRNC	14	25
Other	2	3.6
Marital status		
Married	18	32.1
Single	38	67.9
Educational Status		
High Schooldegree (Vocational school of health)	2	3.6
	4	7.1
Associate's degree	47	83.9
Bachelor degree	3	5.4
Postgraduate degree		
Working Years in the Profession		
0-11 Months	16	28.6
1-4 Years	28	50
5-20 Years	12	21.4
Working Years in Clinics		
0-11 Months	17	30.4
1-4 Years	29	51.8
5-20 years	9	17.8
Status		
Chief Nurse	4	7.1

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Clinic Nurse	52	92.9
Turn		
Daytime	9	16.1
Night	47	83.9
Working Hours		
40 hours a week	35	62.2
40 hours or over a week	21	37.8
Number of Nurses working together in the turn		
1-4	48	85.7
5+	8	14.3
Number of Patients receiving care during the turn		
1-5	29	51.8
6+	27	48.2

Table 2. Distribution of the Data Related to the Nursing Diagnoses of the Nurses

Sociodemographic Characteristics	Number	%
Sufficient Knowledge Status for Nursing Diagnoses		
Yes	48	88.7
No	8	14.3
Status of Receiving Knowledge on Nursing Diagnosis		
Yes	44	78.6
No	12	21.4
The Resource of Nursing Diagnoses Training		
In service VSOH-AD-BD	8	14.3

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Congress	33	64.9
Other	1	1.8
Not receiving	2	3.6
	12	21.4
Willingness Status for Receiving Training of Nursing Diagnoses		
Yes	24	42.8
No	32	57.2
Status of Using Nursing Diagnoses in Clinics		
Yes		
No	31	55.4
Partially	10	17.9
	15	26.8
Status of Using ND by Receiving Training		
Yes	39	69.6
No	7	12.5
Partially	10	17.9
Status of Having Ideas on Using Nursing Diagnoses in Patient Care		
Yes	49	87.5
No	2	3.6
Partially	5	8.9

Table3. Mean Scores of the Nurses on the Subscales of Perceptions of Nursing Diagnoses Survey

Scale and Subscales	Min.	Max.	Mean	Standard Deviation
Perceptions of Nursing Diagnoses Survey	1.10	4.55	2.23	0.40

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The subscale of the definition and promotion of the nursing profession	1.13	5.00	2.10	0.75
The subscale of clearly defining the patient's condition	1.18	4.80	3.10	0.62
The subscale of ease of use	1.15	4.42	2.25	0.53
The subscale of Conceptual Aspect	1.00	4.35	2.85	0.58

Table 4. The Mean Scores of the Nurses on the Perceptions of Nursing Diagnoses Survey and Its Subscales According to Their Introductory Characteristics

Introductory Characteristics	Perceptions of Nursing Diagnoses		the definition and promotion of the nursing profession		clearly defining the patient's condition		Ease of Use		Conceptual Aspect		P
	X	sd	X	sd	X	sd	X	sd	X	sd	
Gender											
Female	2.30	0.45	2.13	0.65	3.55	0.71	2.42	0.50	2.92	0.65	0.2
Male	2.46	0.47	2.42	0.70	3.45	0.68	2.36	0.47	2.76	0.55	
Marital status											
Married	3.10	0.42	2.54	0.36	2.5	0.65	4.1	0.36	3.5	0.35	0.1
Single	2.91	0.33	3.2	0.25	3.1	0.57	5.2	0.28	2.8	0.42	
Educational Status											
Vocational school of health) or Associate's degree	3.5	0.25	2.3	0.34	3.4	0.25	4.2	0.52	2.8	0.54	0.3
Bachelor degree and over	2.1	0.41	3.5	0.26	4.6	0.32	2.8	0.45	3.2	0.42	

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Working Years in the Profession								
< 5 years								
≥ 5 years	3.3 0.27	3.5 0.21	3.5 0.25	2.5 0.28	3.2 0.27	0.06		
	4.7 0.31	4.2 0.32	4.2 0.31	3.8 0.32	4.1 0.31			
Working Years in Clinics								
< 5 years								
≥ 5 years	3.2 0.26	2.4 0.23	2.6 0.24	3.5 0.29	3.8 0.25	0.5		
	4.1 0.32	3.1 0.25	3.6 0.35	4.7 0.31	4.7 0.51			
Status in Clinics								
Chief Nurse	3.5 0.28	3.3 0.26	2.5 0.28	3.4 0.25	3.2 0.27	0.4		
Clinic Nurse	4.7 0.41	3.6 0.31	3.8 0.32	4.6 0.32	4.1 0.31			

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