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# Clinical judgement within the South African clinical nursing environment: A concept analysis

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ABSTRACT

Reform in the South African healthcare and educational system were characterized by the ideals that the country needs to produce independent, critical thinkers. Nurses need to cope with diversity in a more creative way, defining their role in a complex, uncertain, rapidly changing health care environment. Quality clinical judgement is therefore imperative as an identified characteristic of newly qualified professional nurses.

The objective of this study was to explore and describe clinical judgement through various data sources and review of literature to clarify the meaning and promote a common understanding through formulating the characteristics and developing a connotative (theoretical) definition of the concept.

An explorative, descriptive qualitative design was used to discover the complexity and meaning of the phenomenon. Multiple data sources and search strategies were used, for the time frame 1982–2013. A concept analysis was used to arrive at a theoretical definition of the concept of 'clinical judgement' as a complex cognitive skill to evaluate patient needs, adaption of current treatment protocols as well as new treatment strategies, prevention of adverse side effects through being proactive rather than reactive within the clinical nursing environment.

The findings emphasized clinical judgement as skill within the clinical nursing environment, thereby improving autonomous and accountable nursing care. These findings will assist nurse leaders and clinical nurse educators in developing a teaching-learning strategy to promote clinical judgement in undergraduate nursing students, thereby contributing to the quality of nursing care.



## 1. Introduction

Studies indicate that changes in the structure of the South African healthcare system and nursing practice complexities require nurses to have analytical and problem-solving skills so that they can make appropriate clinical decisions underpinned by holistic professional competence (OECD, 2008; Pithers & Soden, 2000, p. 237). Fish and Twinn (1997, p. 187) emphasise that the achievement of such competence requires

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conceptual understanding, thus allowing knowledge to be used across a variety of healthcare contexts which enables the nurse to better deal with the realities of patient care.

### 1.1. *Background*

Major transformation processes took place as a result of political, technological and educational reform (OECD, 2008). The South African Department of Health has been faced with enormous challenges regarding restructuring and establishing a framework for a more equitable national health system. According to the African National Congress (1994) and Geyer, Naude, and Sithole (2002, p. 11), there has been a shift from a fragmented, mainly curative, hospital-based service to an integrated, primary healthcare, community-based service. The primary healthcare (PHC) approach focuses on providing healthcare to the underprivileged, using the principles of availability, affordability, sustainability, accessibility and acceptability. The Nursing Strategy for South Africa (2008) emphasised the impact of the global shortage of nurses as well as the change of South African (SA) health service delivery which has not left nursing unscathed (Department of Health, 2008; ANC, 1994, pp. 19–20; Geyer et al., 2002, p. 11).

In South Africa the shortages are acutely felt with an estimated shortage of 44 780 nurses (Daily News, 2013). The South African Nursing Council's nursing manpower-population statistics (2013) indicate that over 50% of the healthcare workers in South Africa are nurses, and that 129 015 registered nurses are serving a population of 52 982 000. These statistics indicate a ratio of 411 patients per one registered nurse and accentuate the fact that professional nurses are at the very core of healthcare provision. Nurses are also considered to be frontline staff in delivering safe and effective healthcare (Buchan & Calman, 2004, p. 7; South African Nursing Council, 2013) and therefore the bulk of healthcare for patients and their families rests squarely on the shoulders of nurses (Geyer et al., 2002). The human resource crisis in healthcare is thus most felt at a nursing practice level, as nurses were demoted to primary healthcare services without the necessary preparation and support due to an increase in workload, responsibilities beyond their scope of practice, a shortage of equipment and supplies, and rapidly changing work environments (Armstrong, Geyer, Mngomezulu, Potgieter, & Subedar, 2008; Van Rensburg & Pelser, 2004; Walker & Gilson, 2004).

Van Rensburg and Pelser (2004, 164) confirm that changes in the structure of the South African healthcare system have a number of far-reaching effects on healthcare professionals. For one, their role and function have changed dramatically from one of mainly caring for patients at their bedsides to a much wider, more demanding role. Larger sections of the population are accessing the healthcare system due to the increasing burden of more complex health problems and chronic disease (Bright, Walker, & Bion, 2004). It can be said that South Africa is experiencing a triple burden of diseases, namely communicable diseases associated with poverty, non-communicable diseases associated with lifestyles, and trauma and violence, most of these fuelling the HIV/AIDS epidemic. The situation is further complicated by the high unemployment rate and the influx of people into metropolitan areas. This has created an explosion of people living in squatter areas in overcrowded dwellings without basic infrastructure being provided to them, increasing the potential for health problems (Armstrong et al., 2008).

These healthcare services are publicly funded and free (treatment at all primary healthcare clinics) and available for a small fee to those able to pay (admission to public hospitals) and thus accessible to all (Geyer et al., 2002; Pelser, Ngwena, & Summerton, 2004; Van Rensburg & Pelser, 2004). Rendering these services requires an increase of diagnostic and curative clinical skills in the healthcare settings (Department of Health, 2008; Department of Health, 2011; Simpson & Courtney, 2002, pp. 89–91). The legislation and introduction of remunerated community services for newly qualified nurses since 2006 led to the rotation of nurses between clinical settings in the provision of comprehensive healthcare services as required (South Africa, 2005). Nurses are thus left extremely vulnerable as they are not fully prepared, clinically or educationally, to treat patients requiring these comprehensive diagnostic and curative clinical skills due to the increase in demand as mentioned above (ANC, 1994, pp. 19–20; Department of Health, 2008; Geyer et al., 2002, p. 11).

In preparation for the professional nurse's role, undergraduate nursing students are expected to develop and integrate knowledge and practice to achieve conceptual understanding to enable them to make the necessary clinical decisions. This will have a positive impact on patient outcomes as required for competent, professional, patient-centred care. Conversely, poor clinical reasoning skills often fail to detect impending patient deterioration, resulting in a "failure-to-rescue" (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). Aiken et al. (2003) indicate this as significant when viewed against the background of increasing numbers of adverse patient outcomes. Wilson et al. (1995) found that "cognitive failure" was a factor in 57% of adverse clinical events and this involved a number of features, including failure to synthesise and act on clinical information.

In an analysis of the South African Nursing Council's (SANC, 2003–2008) professional misconduct reports, it was found that a total of 769 nurses, of which 587 were professional nurses, were found guilty of misconduct due to poor nursing care ranging from failure to properly diagnose, mistakes made during the implementation of a prescribed course of therapy, and miscommunication. It can thus be concluded that clinical decisions and judgements made by nurses in particular do not always comply with minimum expectations as reflected in the legal-ethical framework of nursing as a profession (SANC, 2008).

These expectations have been for many years part of the unique function of the nurse in assisting the individual, sick or well, in the performance of those activities the patient would perform unaided if the patient had the necessary strength, will or knowledge (Henderson, 1966, p. 15). More recently, the Royal College of Nursing (UK) has been emphasising the "use of clinical judgement", which distinguishes nursing from earlier versions (RCN, 2003, p. 3) and indicates the continuous adaptation of nursing to socio-political and cultural changes in order to meet new challenges and role requirements to enhance the quality of patient care and accountability (Ebright, Patterson, Chalko, & Render, 2003; Fish & Twinn, 1997, p. 184; Fonteyn, 1991; RCN, 2003; Tanner, 1998, p. 99).