

Nurses' reasoning process during care planning taking pressure ulcer prevention as an example. A think-aloud study

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Received 16 September 2005; received in revised form 21 February 2006; accepted 27 April 2006

Abstract

Background: Nurses' clinical reasoning is of great importance for the delivery of safe and efficient care. Pressure ulcer prevention allows a variety of aspects within nursing to be viewed.

Objective: The aim of this study was to describe both the process and the content of nurses' reasoning during care planning at different nursing homes, using pressure ulcer prevention as an example.

Design: A qualitative research design was chosen.

Settings: Seven different nursing homes within one community were included.

Participants: Eleven registered nurses were interviewed.

Method: The methods used were think-aloud technique, protocol analysis and qualitative content analysis. Client simulation illustrating transition was used. The case used for care planning was in three parts covering the transition from hospital until 3 weeks in the nursing home.

Result: Most nurses in this study conducted direct and indirect reasoning in a wide range of areas in connection with pressure ulcer prevention. The reasoning focused different parts of the nursing process depending on part of the case. Complex assertions as well as strategies aiming to reduce cognitive strain were rare. Nurses involved in direct nursing care held a broader reasoning than consultant nurses. Both explanations and actions based on older ideas and traditions occurred.

Conclusions: Reasoning concerning pressure ulcer prevention while care planning was dominated by routine thinking. Knowing the person over a period of time made a more complex reasoning possible. The nurses' experience, knowledge together with how close to the elderly the nurses work seem to be important factors that affect the content of reasoning.

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Keywords: Clinical reasoning; Elderly care; Nursing homes; Patient care planning; Protocol analysis

What is already known about the topic?

- Nurses use different types of cognitive operators and strategies when they reason.

- The context is of importance for the reasoning process
- A variety of aspects differ between novices and experts in their reasoning process

What this paper adds

- Reasoning concerning pressure ulcer prevention while care planning seems to be dominated by routine thinking.

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- Knowing the person over a period of time seems to make a more complex reasoning possible.
- The content of reasoning seems to be affected by how close to the person the RNs work.

1. Introduction

Elderly people in Sweden moving to community care residences and in particular those of the nursing home kind, most often have a complex medical history with several diagnoses, which creates a great need of nursing care (The Swedish Board of Health and Welfare, 2001). The role among registered nurses working in nursing homes in Sweden varies. On an organisational level, most registered nurses at community care residences have two roles, one with the main responsibility for the nursing care and care planning for a limited number of residents and one with a consultative role for the care of a larger number of residents. The way the nurses perform the roles differs, at some community care residences nurses hardly ever participate in the care of the persons for whom they are principally responsible, at others they do. In both cases, they are the only staff with medical competence assessing the needs of the person. Considering this, the ability to reason and to use science and reliable experience in the reasoning process is of utmost importance, especially in connection with care planning and the delivery of safe and efficient care when acute problems occur for the client (Higgs and Jones, 2000; Higgs et al., 2001). So far not much is known about the reasoning process in relation to care planning for elderly persons living in community care residences.

The aim of this study was to describe nurses' reasoning process during care planning for an elderly person who has just moved to a nursing home, as well as the content of the reasoning in relation to pressure ulcer prevention during different phases of care planning.

2. The reasoning process

The reasoning process that takes place while making judgments about a person's situation can be viewed from many different perspectives. Having to do with context and aim, it can be named critical thinking, reflective reasoning, diagnostic reasoning, decision-making, etc. In medicine and related areas, it is often called clinical reasoning. Fowler (1997) describes clinical reasoning as a process where multiple possibilities are processed while making judgments about a client's situation, with the purpose of achieving a desired outcome. Simmons et al. (2003) characterise this process as recursive, where both inductive and deductive cognitive skills are used. Clinical reasoning can also be described simply as a process where knowledge and

experience are applied to clinical situations, in order to develop a solution (Noll et al., 2001). Nurses' reasoning is, to a great extent, dependant on the context in which it takes place (Crow et al., 1995; Thompson, 1999), which makes every situation unique. It is mainly about judging a person's situation, seeing the needs and problems, making priorities and decisions about patient care (Junnola et al., 2002). In this paper, clinical reasoning is seen as a cognitive process, where both theoretical knowledge and personal experience are used in a unique care situation aiming to achieve a desired outcome for the person in focus.

Greenwood (1998) differentiates between reasoning terminating in conclusions and in actions. The first is called theoretical reasoning, the second practical. When nurses lack clinical experience to handle a situation they need to reason theoretically. It is also important that the theory used is evidence based and contextually relevant (Higgs et al., 2001).

In a study by Fowler (1997), six cognitive operators were found in the nurses' reasoning; describing, explaining, evaluating, connecting, planning and judging. The purpose of these operators was to understand the situation and to produce judgements about incoming cues. Fowler (1997) also found six strategies in the reasoning; cue logic, framing, hypothesising, testing, reflective comparison and prototypical case reasoning. These were used to reduce cognitive strain, helping the nurse to manage the situation. Evidence from this study suggests that the context in which the reasoning takes place influences the use of cognitive operators and strategies.

Within the last 25 years, several studies have been conducted with the aim of exploring the reasoning process in nursing. For example, Benner (1984, 1996), and Greenwood and King (1995) studied this process within expert and novice nurses and Simmons et al. (2003) within experienced nurses. It has also been explored in different contexts (Carr, 2004; McCarthy, 2003) and areas in nursing, of which one is care planning (Fowler, 1997; Grobe et al., 1991). However, studies have stated the importance of context and experience on the reasoning process but not on the way nurses perform their work.

The way nurses reason and make decisions has been explored, either by the use of simulated cases, such as written scenarios (Fonteyn et al., 1993; Ritter, 2003) and computer simulations (Junnola et al., 2002), or by studies within real practise situations (Fonteyn and Fisher, 1995; Greenwood et al., 2000).

3. The study

3.1. Participants and contexts

This study was conducted in one community in Sweden. To enable differences in the way registered

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