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Full Length Article

Professional nurses' understanding of clinical judgement: A contextual inquiry



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ABSTRACT

Higher cognitive skills are essential competencies for nurses joining the technologically and increasingly complex health care environment to provide safe and effective nursing care. Educators and clinical facilitators have recognised that newly qualified nurses do not meet the expectations for entry level clinical judgement and are held accountable for finding adequate learning experiences as preparation for such practice demands. An explorative and descriptive qualitative design was followed in this study to reach an understanding of clinical judgement in the clinical nursing environment from the perspective of professional nurses. Eleven professional nurses (n = 11) working at primary health care clinics, public and private hospitals participated voluntarily. Data was collected by means of the “World Café” method, incorporating a combination of techniques such as interviewing, discussions, drawings, narratives and reflection. The focus was on professional nurses' knowledge of the meaning of clinical judgement and factors influencing the development of clinical judgement in the clinical environment. Qualitative thematic content analysis principles were applied during data analysis. The findings were integrated with the relevant literature to culminate in conclusions that should add to the knowledge base of clinical judgement as an essential skill for improving autonomous and accountable nursing care.

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1. Introduction

People frequently get sick and everybody has experienced nursing care at some stage, and yet in the 21st century Nursing is still difficult to describe and poorly understood.

Some people associate nursing with the physical tasks concerned with keeping the sick person safe, comfortable, nourished and clean. Some view nursing as assisting the doctor by carrying out tasks associated with medical treatment. These descriptions are indeed part of nursing practice today. Sound research evidence demonstrates that skilled nursing care

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makes the difference from early versions of nursing (Royal College of Nursing, 2003:4) The more experienced a nurse is in what she does the less likely the patient may be to recognize what specific interventions been done. There for nursing care provided by skilled professional nurses be different from that of non-professional care givers.

The distinction of nursing care by professional nurses lies in the clinical judgement inherent in the processes of assessment, diagnosis, implementation and evaluation. Knowledge forms the basis of the patient needs assessment and determines the action to meet these needs; professional accountability for decisions and actions, including the decision to delegate to co-workers and the structured nurse–patient relationship, which incorporates the professional code of ethics and SANC regulation's (RCN, 2003:4–6).

2. Focus and background of the study

Today's clinical nursing environment is more complex than ever before. As a rapidly advancing profession, nursing demands higher cognitive skills from nurses. Critical creative thinking and clinical judgement is viewed as essential skills for every health professional (Potgieter, 2012:4). Nighthingale (1992) firmly established observations and its interpretation as hallmarks for trained nursing practice (Lin, Hsu, & Tasy, 2003:159). In recent years, clinical judgement in nursing has become synonymous with the nursing process model of practice viewed as a problem solving activity. The nursing process has dominated nursing education since the 1960's as theorists tried to link their theories with the clinical judgement process and to link nursing theory with clinical practice. Studies by Tanner (2006:205) and Higuchi and Donald (2002:146) indicate that teaching only one type of problem solving, such as the nursing process, fails to adequately describe the process needed for nursing judgement and to account for the complexity of factors influencing clinical judgement.

The mentioned need for thinking skills in nursing has been accentuated in response to the constantly and rapidly changing health care environments. As the acuity of hospitalised patients and the prevalence of chronic illnesses increase, the length of hospital stay shortens. The increased patient–nurse ratios, limited clinical facilities and shortage of nurse educators are common factors that contribute to the above mentioned (Potgieter, 2012:4).

Recent literature indicates that most newly qualified nurses do not meet the expectations for entry level clinical judgement (Pongmarutai, 2010:1). Health care institutions expect professional nurses joining the workforce to be highly competent and prepared to function in a technologically sophisticated and increasingly complex health care arena. According to (ANMC, 2005; Hammond (1996:218) the changing demands of practice is characterised by uncertainty and despite this uncertainty, nurses still have to make clinical decisions and clinical judgements. Simply following the process, analysing the data like a computer and performing prescribed techniques cannot guarantee good clinical judgement that will solve the patient's problems (Pongmarutai, 2010:1). Clinical judgement has been recognised as a vital skill that

enables nurses to determine the appropriate nursing interventions when planning patient care, especially the ability to manage rapidly deteriorating patients (Lindsey & Jenkins, 2013:64). This has produced an atmosphere in which the nurse is required to make sound accurate clinical judgements that support the complex health care and patient's needs and that contribute to optimal patient outcomes (Clark, Owen, & Tolken, 2004:550).

The remunerated community services year for newly qualified SA nurses, implemented in 2006 (SANC, 2005) led to the provision of comprehensive health care services. However, clinical educators and professional nurses have recognised that new graduates often lack the knowledge and ability to make sound clinical judgements (Tanner, 2006:207) as they have not been clinically or educationally fully prepared for the demand for health care and the greater accountability, which increases continuously (Department of Health, 2013; Geyer, Naude, & Sithole, 2002:11; Simpson & Courtney, 2002: 91).

Nurse educators recognise the increased demand for competent nurses in the current health care environment, and find it increasingly challenging. They are held accountable to find adequate clinical experiences to prepare students to meet the demand for the ever-changing and more acute clinical environment (Tanner, 2006:206). Limited exposure to real life patients during the education and training period leads to limited clinical practice for role taking. The newly approved nursing curriculum scheduled for implementation at all SA nursing education institutions (NEI) from 2016, reduces the minimum exposure to clinical nursing practice from 4000 to 3000 clinical hours (Department of Health, 2011).

Tanner (2006:205) accentuates the inefficient use of time in clinical teaching as one of the problems of current clinical education models. Teacher–student time is consumed by performing routine tasks, checking preparation/doing assessments and to assure that students are safe in the clinical environment. Time for more meaningful interaction to discuss students' observation of the underlying pathophysiology is limited (Randall, Tate, & Lougheed, 2007:61; Tanner, 2006:205). Students should be guided to understand patient needs, develop appropriate responses and adjust care plans on the basis of clinical reasoning and judgement. Nursing students should be able to go beyond the protocols, standards and formal rules to arrive at safe patient care that should not be entirely protocol driven (SmithBattle & Diekemper, 2001:403). Clinical decision making is facilitated when students have an opportunity to integrate scientific knowledge, experiences and clinical judgement in a specific situation (Benner, Tanner, & Chesla, 2009). Such opportunities guide nursing students to a deeper understanding of the clinical situation and allow them to progress from reliance on abstract knowledge and context free formal rules for nursing care to deep knowledge. They then learn to rely on past personal experiences as basis for clinical decision making and notice unique aspects that reflect understanding of salience, as well as the influence of the clinical context (Benner, 2001:210; Tanner, 2006:206). Potgieter (2012:5) adds to the above that didactic lectures, memorisation and simulation of demonstrations may lead to mastery, but they do not stimulate the development of critical thinking skills and ethical values for

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