Applying nursing process education in workshop framework

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Abstract
This study aimed to assess the effect of a workshop presentation in learning nursing process and compare this method with traditional teaching scheme in development of knowledge and skill in applying nursing process on nursing students.

At the beginning of the sessions, all the necessary information was taught. Students were then split into three groups. Under the supervision of the instructor they were given 90 minutes to come up with all the possible nursing diagnoses and goals, based on what they had been taught for an imaginary patient was given to them. After each presentation, important instructional points were again highlighted for open discussion and exchange of opinion. As a final project the students were required to write a bedside nursing care plan for the instructor to evaluate. Compare with students of last two semesters which had this course with traditional teaching method, students mark was increased significantly (P = 0.0001).

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1. Introduction
In the world of healthcare, nursing has long struggled to establish itself as a profession. Dictionary terms describe nursing as “a calling requiring specialized knowledge and often long and intensive academic preparation; a principal calling, vocation, or employment; the whole body of persons engaged in a calling”. Nursing is recognized as both a science and an art concerned with the physical, psychological, sociological, cultural, and spiritual concerns of the individual. The science of nursing is based on a broad theoretical framework; its art depends on the caring skills and abilities of the individual nurse. The importance of the nurse within the healthcare system is noted in many positive ways, and the profession of nursing is acknowledging the need for its practitioners to act professionally and be accountable for the care they provide (1). Nursing is a dynamic and interpersonal problem
solving process. The process provides a framework for organizing both cognitive activities and the delivery of nursing care (2).

To ensure that nursing care is planned and delivered effectively a structured approach called the 'nursing process' is used (3). Hall originated the term of nursing process in 1955 and Johnson (1959), Orlando (1961), and Wiedenbach (1963) were among at first to use it to refer to a series of phases describing the practice of nursing (4). Through the nursing process, the nurse helps the patient meet his or her health care needs. The skills and abilities a nurse must have to use the nursing process can be divided into three categories: cognitive (thinking, reasoning), psychomotor (doing), and affective (feeling, values) (2). The nursing process is a deliberate, problem solving approach and decision-making process that serves as a framework for the delivery of nursing care (1, 5- 6). The nursing process is a systematic, rational method of planning and providing individualized nursing care and nursing practice include the phases of the nursing process (4). In the other word nursing is the diagnosis and treatment of human responses to actual or potential health problem. Diagnosis and treatment are achieved through a process called the nursing process that guides nursing practice (7).

The nursing process has distinctive characteristics that enable the nurse to respond to the changing health status of the client (4). These characteristics include its systematic, focus on problem-solving, dynamic and cyclic, cognitive, client centered, action oriented, goal directed, flexible, holistic, problem oriented, universal applicability, critical thinking, decision making, interpersonal and collaborative style (4, 7).

The nursing process has five steps: assessment, nursing diagnosis, planning, implementation, evaluation (4, 5).

(1) **Assessment:** Assessment is the collection and interpretation of information. It offers a glimpse into the perceptions, meanings, and logic patients use to organize and make sense of their world. Data are used in the three types of professional judgment within the nursing process:

- Diagnostic judgment: Identification of an actual or potential health problem.
- Therapeutic judgment: Decisions about intervention, outcome projection, and evaluation.
- Ethical judgment: Identification of an actual or potential moral problem (8)

(2) **Nursing diagnosis:** In nursing diagnosis phase, nurse use critical – thinking skills to interpret assessment data and identify client strength and problem. Nursing diagnosis based on the NANDA (North American Nursing Diagnosis Association) international list.

(3) **Planning:** In planning the nurse refers to the client's assessment data and diagnostic statements for direction in formulation client goals and designing the nursing interventions. During the planning step the nurse does the following:

1. Assigning priorities to the nursing diagnoses and collaborative problems
2. Specifying expected outcomes
3. Specifying the immediate, intermediate and long-term goals of nursing action
4. Identifying specific nursing interventions appropriate for attaining the outcomes
5. Identifying interdependent interventions.
6. Documenting the nursing diagnoses, collaborative problems, expected outcomes, nursing goals, and nursing interventions on the plan of nursing care
7. Communicating to appropriate personnel any assessment data that point to health care needs that can best be met by other members of the health care team

(4) **Implementation:** In the nursing process implementation is the action phase. To important the care plan successfully, nurse need cognitive, interpersonal and technical skills. All of the nursing actions developed during the planning steps are carried out.

The plan of nursing care serves as the basis for implementation as described below:
The immediate, intermediate and long-term goals are used as a focus for the implementation of the designated nursing interventions.

While implementing nursing care, the nurse continually assesses the patient and his or her response to the nursing care.

Revisions are made in the plan of care as the patient's condition, problems, and responses change and when reordering of priorities is required.

(5) Evaluation: During evaluating, the nurse and client together measure how well the client has achieved the goals specified in the plan of care.

Through evaluation, the nurse can answer the following questions:

- Were the nursing diagnoses and collaborative problems accurate?
- Did the patient achieve the expected outcomes within the critical time periods?
- Have the patient's nursing diagnoses been resolved?
- Have the collaborative problems been resolved?
- Do priorities need to be reordered?
- Have the patient's nursing needs been met?
- Should the nursing interventions be continued, reserved, or discontinued?
- Have new problems evolved for which nursing interventions have not been planned or implemented?
- What factors influenced the achievement or lack of achievement of the objectives?
- Should changes be made in the expected outcomes and outcome criteria?

Each phase of the nursing process affects and depends on the other phases; they are closely interrelated, interdependent, and recurrent. (4-6, 9). (Figure1).

Advantages of Using the Nursing Process:

- The nursing process provides an organizing framework for meeting the individual needs of the client, the client’s family/significant other(s), and the community.

- The steps of the nursing process focus the nurse’s attention on the “individual” human responses of a client/group to a given health situation, resulting in a holistic plan of care addressing the specific needs of the client/group.

- The nursing process provides an organized, systematic method of problem-solving (while still allowing for creative solutions) that may minimize dangerous errors or omissions in caregiving and avoid time-consuming repetition in care and documentation.

- The use of the nursing process promotes the active involvement of clients in their health-care, enhancing consumer satisfaction. Such participation increases clients’ sense of control over what is happening to them, stimulates problem-solving, and promotes personal responsibility, all of which strengthen the client’s commitment to achieving the identified goals.

- The use of the nursing process enables you as a nurse to have more control over your practice. This enhances the opportunity for you to use your knowledge, expertise, and intuition constructively and dynamically to increase the likelihood of a successful client outcome. This, in turn, promotes greater job satisfaction and your professional growth.

- The use of the nursing process provides a common language (nursing diagnosis) for practice, unifying the nursing profession. Using a system that clearly communicates the plan of care to coworkers and clients enhances continuity of care, promotes achievement of client goals, provides a vehicle for evaluation, and aids in the
development of nursing standards. In addition, the structure of the process provides a format for documenting the client’s response to all aspects of the planned care.

- The use of the nursing process provides a means of assessing nursing’s economic contribution to client care. The nursing process supplies a vehicle for the quantitative and qualitative measurement of nursing care that meets the goal of cost-effectiveness and still promotes holistic care (1). (The holistic caring process is an adaptation and expansion of the nursing process that incorporates holistic nursing philosophy (10)).

![The five overlapping phases of the nursing process.](image)

In Iranian universities, the nursing process has been taught for many years to nursing students as a basic scientific topic in the course syllabus for Medical - Surgical Nursing (1) (.5 units). Even so, during the period of academic study, as well as after graduation when bedside care is performed, the nursing process is not implemented in the manner it should be for patient care. As such, three nursing process workshops were held during the Fall 2009 semester at the Fatimeh Zahra Faculty of Nursing and Midwifery in Ramsar, with the aim of ascertaining the effect of workshops on nurses’ understanding of the nursing process, and ultimately increasing the quality of care provided by nurses working in hospitals in Tenokabon and Ramsar (two cities in Northern Iran). The remarkable results produced by these workshops led instructors to continue teaching some of the nursing process theory units in a
workshop format in order to assess the effect of a workshop presentation in learning nursing process and compare this method with traditional teaching scheme in development of knowledge and skill in applying nursing process on nursing students.

2. Methodology

The nursing process workshop was held in four two-hour sessions. At the beginning, the course’s objectives and teaching method were explained to the students. The first two sessions were devoted to a description of the basics and fundamentals of the process, the need for such a process, and a description of its stages. Additionally, the first stage of the nursing process – “Assessment” – was laid out.

At the beginning of the third session, all the necessary information for the second part of the process - “Nursing Diagnosis” - was taught, as well an introduction to the North American Nursing Diagnosis Association list (NANDA list). Students were then split into three groups and sent to three different classrooms where the description of an imaginary patient was given to them (the same patient was given to each group). Under the supervision of the instructor they were given 45 minutes to come up with all the possible nursing diagnoses, based on the NANDA list and on what they had been taught. These diagnoses were then presented in the workshop. After each presentation, important instructional points were again highlighted for open discussion and exchange of opinion. Finally, the diagnoses were corrected by the instructor with the active help of the students.

At the beginning of the fourth session the third part of the process – “Planning” – was introduced and the groups were given 45 minutes to organize and present the priorities, aims, as well as, to a certain extent, the nursing interventions for the final diagnoses presented in the last session. As in the previous session after the presentations and discussions, the final corrected versions were presented in class. Finally, the fourth and fifth stages of the nursing process - “Implementation” and “Evaluation” - were taught.

As a final project for this class each of the students were required during their internship for the Medical – Surgical Nursing (1) Course (which was taught concurrently with this theoretical class) to apply all the nursing stages they had learned on a real hospital patient and to write a bedside nursing care plan for the instructor to evaluate. Participants were marked on a grading scale of 0 – 20 based on the assignment and a final exam. At the end of the course the students were given the opportunity to offer their opinions about the teaching method of course.

It should be mentioned that during every session students were quizzed about the previous lesson, given warm up questions to prepare them for the current lesson, and at the end of the session were asked again about the lesson taught.

3. Results and Findings

Holding a nursing process class as a workshop stimulated the sense of competition and excellence among and within the groups and increased their concentration for learning the lessons of every session. In addition the sense of cooperation and cohesion that resulted from the workshop created a remarkable sense of interest and excitement in the students that helped in carrying out the goals of each lesson. Attention to, and analysis of, the work done in groups as well as individually in class, led to deeper learning and satisfaction among the students that was clearly seen by the instructor during the evaluation of the bedside nursing care plans. Additionally, the grades collected from tests and the bedside nursing care plans were analyzed at the end of the first semester through descriptive and analytic statistics using SPSS software and were compared with the grades of the students of the two previous semesters. The results of the one sample t-test showed a significant difference between the mean grades of this group as compared to the two previous semesters (P= 0.0001) (the mean grades of this group was higher than the two previous semesters).
4. Conclusion

This outcome resulted from the positive effect of the workshop on the level of understanding of the students which in itself could play an effective role in developing a better rapport with students; in saving time, money, and energy; and in helping nursing students achieve better results and feel more satisfaction at the patient’s bedside.

These nursing education results were noteworthy and it is expected that the depth of learning of the nursing process as well as continuation and internalization of nursing care intervention based on this foundation, during the entire length of the students’ education, and especially during the bedside instruction sections, can be effective in increasing the quality of all nursing roles. Holding the nursing process class as a workshop can be an effective step in reaching this important goal.

One of the problems and challenges in this process was that the workshops were constrained to a limited amount of time for teaching the lesson and group presentation and discussion. Should the class hours be increased from eight to twelve hours, the additional amount of time would lead to less stress in carrying out group work, discussions, and analysis of the group work. This in itself would play an effective role in increasing the quality of these workshops.

References