

NURSING PROCESS AND NURSING DIAGNOSIS UTILIZATION
IN SOUTH AFRICA

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BY
LINDA SCHWARTZ RABINOWITZ, R.N., B.S.N.

DENTON, TEXAS

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TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

November 4, 1985
Date

To the Provost of the Graduate School:

I am submitting herewith a thesis written by

Linda Schwartz Rabinowitz

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I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nursing.

Shirley M. Ziegler
Major Professor

We have read this thesis and
recommend its acceptance:

Beth C. Vaughan-Wood
Margaret McElroy

Accepted

Jessie M. Thompson
Provost of the Graduate
School

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ABSTRACT

LINDA SCHWARTZ RABINOWITZ

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
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A descriptive design was used to survey the use of nursing diagnosis and nursing process in programs of university-based nursing schools located in South Africa. Questionnaires, mailed to 16 South African university-based nursing schools, were completed by 18 South African nurse educators. Conclusions based on the findings were: nursing process and diagnoses are utilized in a country outside of the United States; American literature is utilized to learn about nursing diagnoses and nursing process in a country outside of the United States; and there is no standardized way of writing the nursing diagnostic statement in South Africa. The following implications were drawn from this study: the components of nursing diagnosis and nursing process should be standardized to increase the use of the concepts in nursing service and nursing education; and particular emphasis

should be placed on forming a universally-acceptable operational definition of nursing process and nursing diagnosis.

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CHAPTER I

INTRODUCTION

Knowledge accumulates when individuals create ideas and test concepts and theories. New knowledge is shared between countries through documentation in research reports, journals, and books. As a result, nurses from many countries have the opportunity to share new ideas, concepts, and practices.

Presently, nursing diagnosis and nursing process are two concepts that nurses incorporate into their professional practice. The use of nursing diagnosis and nursing process enables nurses to maintain safe, organized care for clients and their significant others. Nursing diagnosis is a recognized component of the nursing process which is the methodology for nursing practice. Burrows (1982) concluded from her study on the utilization of nursing diagnosis in the southwestern United States that more research in the area of nursing diagnosis is imperative to stimulate nurses to continue its use in their practice. To further develop the body of knowledge about nursing process and nursing diagnosis, Burrows' study was extended to describe the use of nursing diagnosis and

nursing process in South Africa as perceived by nurse educators.

Problem of Study

The problem of the study was to describe the use of nursing diagnosis and nursing process in programs of university-based nursing schools located in South Africa as perceived by nurse educators.

Justification of Problem

Nurses researched the concept of nursing process. The findings of this research are being incorporated into patients' standard of nursing care. As a result, nurses have a process to guide the implementation of safe and organized care for clients and their significant others.

The nursing process can be used to relate various aspects of nursing such as knowledge, skills, beliefs, and values in an orderly way and as an aid to management and research it can be used to plan and monitor quality of care, resource requirements, and nursing developments. Sometimes the nursing process is acclaimed not only as advancing nursing knowledge and skills for improving patient outcomes, but also as a path to full professional status. (Law, 1979, p. 34)

Nursing diagnosis, an element of nursing process, has been relevant to continuity of patient care. Field (1979) emphasized nursing diagnosis by stating:

Although still in its infancy, nursing diagnosis is being recognized for its potential to improve the quality of nursing care, delineate the domain of nursing accountability, and contribute to the development of a unique body of nursing knowledge. (p. 497)

Nursing process and nursing diagnosis are two concepts that other countries have incorporated into their nursing practice. Through a recent trip to the country of South Africa, the researcher found that hospital nurses documented nursing care with steps of the nursing process. Therefore, American nurses can add to their knowledge base by researching the South African nurses' use of nursing diagnosis and nursing process. DeChesnay (1979) supported the above statement by emphasizing the need for nurses to establish a scientific basis for nursing practice. Further, DeChesnay explained that in order to produce universally generalizable nursing practices, nurses from many countries need to identify their patterns of practice in both clinical care and documentation. In addition, an advantage for describing the practices of documentation in another country is the insight one gains into one's own culture by systematically describing another. Therefore, this study was developed to describe the use of two concepts, nursing process and nursing diagnosis, in South Africa.

Assumptions

The following assumptions were made.

1. Nursing knowledge expands from research conducted both within and outside of America.
2. Systematic observation of another country provides insight into one's own nursing practice.

Research Questions

The following research questions were formulated to describe the use of nursing diagnosis and nursing process in programs of South African university-based nursing schools as perceived by nurse educators.

1. What information regarding nursing process do nurse educators report is included in their South African university-based nursing school curriculum?
2. What information regarding nursing diagnosis do nurse educators report is included in their South African university-based nursing school curriculum?

Definition of Terms

The following terms were defined for the purpose of this study.

1. Use of nursing diagnosis and nursing process-- information related to nursing diagnosis and nursing process in the South African university-based nursing

foundation for further research in the areas of nursing process and nursing diagnosis.

3. Only content validity and not reliability have been established for Burrow's (1982) questionnaire.

Summary

Survey research is needed to add information to the knowledge base of nursing process and nursing diagnosis. Nursing diagnosis is a step integrated in the nursing process. Nursing process is the methodology for nursing practice. The use of nursing process and nursing diagnosis has enabled nurses to maintain safe, organized care for clients and their significant others. Nurses must be accountable for the quality of care provided for clients.

It was the intention of this research to explore another country's use of nursing process and nursing diagnosis. The body of knowledge in nursing has expanded because of countries throughout the world sharing information with one another.

The researcher found during a recent trip to South Africa, that South African nurses documented their clients' plan of care in their hospital nursing charts. This study was undertaken recognizing that the concepts of nursing diagnosis and nursing process have not been frequently utilized by professional nurses. A modification of Burrows' (1982) study was appropriate to describe current utilization of these concepts and to provide the

foundation for further research in the areas of nursing process and nursing diagnosis.

CHAPTER II

REVIEW OF LITERATURE

The review of literature is summarized under the following headings: (a) the need to study nursing practices in countries outside of the United States, (b) nursing process, (c) nursing diagnosis, (d) South Africa's use of nursing process and nursing diagnosis, and (e) related research.

The Need to Study Nursing Practices in Countries Outside of the United States

The idea of nurses studying other countries was conceived in the mid-1950s and developed in the 1960s. Leininger (1984) explained that for many nurses today, it remains a new area of study and practice.

Nurses are recognizing the need to know and understand people of different cultural backgrounds to use this knowledge to guide nursing practice. The focus and scope of studying other countries is to generate substantive knowledge about cultures and their care practices, and to use this knowledge in culturally specific ways in nursing practice. (Leininger, 1984, p. 72)

DeChesnay (1979) and Leininger (1984) cited advantages for studying nursing in countries outside of the United States. DeChesnay (1983) contended that studying

nursing in other countries benefits both the profession of nursing and individualized care.

To produce universally, generalizable theory of and about nursing requires the identification of shared patterns and synthesis of the common denominators into theory valid for many cultures. Nurses everywhere come into contact with people of different cultures. Therefore, the systematic study of other countries will assist the nurse in decreasing culture shock and minimizing health care delivery problems based on cultural differences. (DeChesnay, 1983, pp. 21-22)

Leininger (1984) stated that by studying another culture, a nurse can discover his/her own cultural values and beliefs and his/her own nursing profession. "As nurses become skilled in studying other countries' practices, new discoveries will occur and lead to the development of new theories and practices in nursing" (Leininger, 1984, p. 72).

DeChesnay (1983) and Russell (1983) found obstacles in studying nursing in countries outside of the United States. DeChesnay (1983) surmised from the research that language is an obstacle even though the investigator and the sample share a language, because regional variations and dialects can affect understanding. Russell (1983) believed that understanding another culture's practices is limited beyond the process of research. Russell stated: "We must try to see the world as others see it, but also

know that this is never going to be possible. How close can I come in understanding the world as a Papago Indian welfare mother in Tucson, AZ sees it?" (p. 115).

Amin (1984) believed cross-cultural contacts have become a common phenomenon, particularly in the United States where interest has grown in exchanging of ideas and values. Amin reported that the United States is a rich, powerful, and culturally dominant nation which plays a large role in world politics and invests heavily in the development of Third World Nations. Therefore, the United States requires insight into the cultural practices of other countries. As the world is more diverse, so must nursing education be in its presentation of cultural orientations. Amin expressed, "Nursing education must provide the learners with knowledge, experience and awareness of diverse cultures so to enable them to become effective deliverers of health care to individuals of different cultural orientations at home or in any nation of the globe" (p. 9).

Research of nursing concepts in countries outside the United States is a recent trend of study and practice for American nurses. Cross-cultural research is frequently utilized by nurse researchers to study the practices of

other countries. The research process enriches both individual and professional knowledge.

Nursing Process

Purpose

The purposes for the using of the nursing process are identified in the nursing literature. Column (1983) surmised that the nursing process

does not make bad nurses into good nurses but good nurses into even better ones. . . . There is an old saying which goes: you don't have to be mad to work here, but if you are it helps. An adapted take-off would be: you don't have to understand the nursing process to nurse here, but if you do it helps. (p. 37)

Kelly (1966) saw the nursing process as a necessary plan which provides purposeful communication and eliminates irrelevant material. Orlando (1961) stated the aim of nursing process is to improve nursing care by means of a systematic method. "The deliberative nursing process makes it possible for the nurse to understand her patient and the patient to understand his nurse" (Orlando, 1961, p. 36).

Law (1979) recognized that the nursing process has value in maximizing nurses' responsibility and accountability for standards of care. Law stated that the nurse utilizes the nursing process to "incorporate into her

her nursing practice the patient's viewpoint, family considerations, potential to remain independent, ability to face stress and particular strengths and weaknesses" (p. 34). Munding (1980) believed that the nursing process was a helping process or problem-solving process that was used by professional nurses. In summary, the purpose of the nursing process is to provide quality care to patients.

Definition

Orlando (1961) spoke of the nursing process as the interaction of the behavior of the patient, the reaction of the nurse and the nursing actions designed to meet the patient's needs. Yura and Walsh (1978) defined the nursing process as "the core and essence of nursing; it is central to all nursing actions, applicable in any setting, within any frame of reference, any concept, theory or philosophy" (p. 1).

Lewis (1968) expressed her definition of the nursing process as the "key which opens the door to the patient's problems and to the ways of solving them" (p. 13). Wagner (1969) restated that the nursing process is a written picture of the patient and his nursing care which enables

the staff to give him the kind of care he has a right to receive.

Little and Carnevali (1976) suggested that nursing process involves a pattern of observation and logical thinking that forms the basis for a care plan. Munding (1980) defined the nursing process as the "helping process or the problem-solving process. It is used in its generic sense by all professionals for problem solving and therefore for helping" (p. 34). In summary, the nursing process is defined as either an orderly system or a problem-solving technique.

Law (1979) defined the nursing process as a framework for care based on the needs of individuals and an orderly way to utilize knowledge, skills, beliefs, and values. In addition, Law explained that nursing process can aid management, research, quality of care, and innovative nursing developments.

Marriner (1983) defined the nursing process as the application of scientific problem solving to nursing care.

Mauksch and David (1972) discussed the nursing process as

a means of unifying the occupation now sadly divided. It will bridge the distances between the greatly varying ideologies of nursing in hospitals and in other settings and it will span the wide range between nurses with different kinds of education. (p. 3)

Historical Perspective

The nursing process has been utilized in a number of ways since the 1960 decade. The terms nursing process and nursing care plan were utilized synonymously throughout the literature. Orlando (1972) explained that the root of the word nursing, as well as its historical tradition is consistent with the concept nursing process. "To nurse means to promote and foster an individual's growth and development; to look after his wants; to minister to him, to nourish him and to protect and nurture him" (p. 8).

Henderson (1973) described an early attempt at nursing process which started in 1929 at Yale University. This process was an analysis of why the patient came to the hospital, what he would do when he went home, and how the nurse could help him. Henderson reported that this was the principle way in which students were being prepared for public health nursing.

Until the 1940s there was no discussion in the literature about the nursing process. Cicuca (1972) surveyed the literature and found that a nursing care plan was the best known place for documentation of the nursing process in the 1940s. However, the late 1940s saw a major development, the nursing care team. Cicuca stated that

nursing care plans were then necessary for the validation of the nursing care team.

Smith (1968) reported that in 1950, the function of the professional nurse was to use critical thinking in a systematic way. Smith surmised that a nurse must (a) identify or diagnose the nursing problem and the recognition of its interrelated aspects and (b) decide upon a course of nursing action to be followed for the solution of the problem. Mauksch and David (1972) pointed out that in 1950 the importance of the professional nurse's role as team leader was emphasized. The authors stated that the nursing process/nursing care plan helped to organize the team leader's nursing care. Mauksch and David stated that in 1950 "the nursing care plan was a product of combined team planning to be used as a tool for communicating nursing interventions to all members of the nursing care team" (p. 11).

Similarly, Cicuca (1972) explained that in 1951 the nursing process was viewed as a tool to evaluate nursing care. Cicuca (1972) explained that a written individualized plan for nursing care of each patient helped to insure safety for the patient and continuity, and cooperation between nurses. Further Cicuca emphasized that in 1951 a professional nurse was evaluating a patient's

problems and needs and then recording them in the nursing care card to provide consistency and continuity of patient care.

Prior to 1960, the nursing process consisted of a care plan utilized primarily as a tool for improving communication within the nursing care team. Orlando (1961) was one of the earliest authors to use the term nursing process. Orlando believed it was important to focus on how the nurse learns to understand the patient and his needs instead of telling the nurse what to do for the patient. Orlando explained that there were four practices to the nursing process: "(a) observe the patient, (b) reporting, (c) recording, and (d) actions carried out with or for the patient" (p. 6). Yura and Walsh (1978) believed that the nursing process was comprised of three elements: "(a) behavior of the patient, (b) reaction of the nurse, and (c) nursing actions designed for the patient's benefit" (p. 24).

Wagner (1969) discussed the nursing process as "a plan that would reflect the objectives of nursing care: (a) assessment, (b) objectives of care, (c) means which moved the patient toward objectives, and (d) evaluation of plan" (p. 246). Also, Cicuca (1972) reported that "the purpose of the nursing process was to provide a guide to

patient-centered, as opposed to job-centered care" (p. 228).

Although the nursing process was an accepted professional concept by the mid 1960s, there were various steps in each nursing process utilized. Specifically, Yura and Walsh (1978) summarized Knowles' nursing process model, known as the 4D's.

- A. Discover--the nurse acquires information about something she did not know previously.
- B. Delve--the nurse derives clues from as many sources as possible to provide data about the client.
- C. Do--the nurse administers, performs, and activates the plan that has been developed.
- D. Discriminate--the nurse distinguishes priorities and reactions. (p. 25)

Also, Yura and Walsh (1978) recalled that a committee involved with curriculum development in the Western United States defined the nursing process steps as "(a) communication, (b) interpretation, (c) intervention, and (d) evaluation" (p. 24). A year later, a nursing faculty group at the school of nursing at the Catholic University of America described the nursing process steps as (a) assessing, (b) planning, (c) implementing, and (d) evaluating. Further, Yura and Walsh stated, "It is believed that these four labels best identify the phrases through

which nursing proceeds" (p. 24). Similarly, Little and Carnevali (1967) stated, "These four basic components are skills and behaviors which nurses use routinely in their practice of nursing with or without awareness" (p. 150). At the end of the 1960 decade, the nursing process was synonymous with the phrase nursing care plan (Little & Carnevali, 1967).

Cicuca (1972) recalled that the beginning of the 1970 decade was negating the use of the nursing process. "The nursing care plan hindered communication among staff members and between shifts in the development of patient care" (Cicuca, 1972, p. 229). Little and Carnevali (1976) and Mauksch and David (1972) stressed that the development and utilization of the nursing process must be the combined effort of a supportive administration and an involved professional nursing staff. The practice of nursing through implementation of the nursing process was an altogether new style of functioning in the 1970 decade. "To make it nursing's new way of life will require a selling job. Each nurse must persuade her colleagues that implementing the nursing process is important to nursing's survival" (Mauksch & David, 1972, p. 7).

Carlson (1972) spoke about implementing the nursing process in terms of a problem-solving approach. "The

nursing process is the sum of the activities jointly performed by the patient and the nurse. The sum of these activities are divided into a three-part problem-solving approach: (a) assessment, (b) intervention, and (c) evaluation" (p. 21). In response to Carlson's three-part problem-solving approach, Little and Carnevali (1976) defined the nursing process. "The term nursing process has been labeled to involve a pattern of observation and logical thinking that is the basis for formulating the nursing care plan" (p. 225). Little and Carnevali identified areas in which the nursing process was utilized to improve nursing practice. Specifically these included: (a) the nursing care plan in client charts, allowed for continuity of care; (b) admission and discharge notes, to encourage communication between nurses, physicians, and other agencies; (c) philosophy and objectives of nursing care; (d) institutional policies; (e) budget; (f) staffing, (g) job descriptions and evaluation; (h) assignments; (i) staff development; and (j) record systems, SOAPE charting. Cicuca (1972) supported Little and Carnevali (1976) when she recorded that the nursing care plan was recognized by the Joint Commission on Accreditation of Hospitals as a necessary ingredient of a complete patient care record and included in the federal

conditions of participation for medicare providers" (p. 229). "Nursing care planning, a primary source of standards for nursing care, is used faithfully as a teaching tool, much less frequently in practice" (Little & Carnevali, 1976, p. 213). The nursing care standards reflect the components of the nursing process as confirmed by Little and Carnevali.

Further, Manthey (1973) discussed that the concept of primary nursing was possible due to utilization of the nursing process. The nursing process allows the nurse to be accountable to patient, physician, and colleagues" (p. 37). Also, Manthey identified the kardex as a written, orderly communication system of the nursing process.

In addition, both Berni (1978) and Yura and Walsh (1978) discussed the nursing process in the problem oriented medical record. "The intent is to focus on the problems encountered by the client and to enable various disciplines associated with the client to systematically record data about his problems" (Yura & Walsh, 1978, p. 198). Yura and Walsh explained the components of the nursing process; Subjective-Objective-Assessment-Planning (SOAP) supported the problem statement in the problem-oriented medical record system.

Both the consumer and the health team member benefit when POMR and SOAP are implemented. It is possible for the consumer to have better and less expensive care and the health team's documentation of their care process in the long run justifies their existence in the health care industry. The major impact is likely to be more progress in scientific research because patient records become scientific documents instead of disorganized logs. (Berni, 1978, p. 93)

In summary, there was not a consensus in the literature for the meaning or steps of the nursing process. As a result, nurses in clinical practice negated its use, while nurse educators continued to discover the positive aspects for which components of the nursing process could be utilized in practice.

Nonconsensus regarding the components of the nursing process continued into the 1980s. Wright and Leahy (1984) supported Lewis (1978) in discussing the nursing components as (a) assessment, (b) planning, (c) intervention, and (d) evaluation. Wright and Leahy (1984) believed the nursing process was to be utilized as a guide to family therapy. In addition, Griffith and Christensen (1982) agreed with Campbell (1978) that the nursing process consisted of the following steps: (a) assessment, (b) diagnosis, (c) planning, (d) intervention, and (e) evaluation. Specifically, Griffith and Christensen (1982)

utilized the nursing process components to provide care for an individual client, family unit or a community.

Gordon (1980) declared that as the nursing process began to be the methodology of clinical care, diagnosis, as a step in the process, was made explicit by some but was generally subsumed under assessment by most.

Rutkowski (1984) supported Gordon's use of nursing diagnosis as a step in the nursing process. Therefore, Rutkowski designated another variation of the nursing process: "(a) assessment, (b) nursing diagnosis, (c) planning, (d) treatment, and (e) evaluation" (p. 54).

The 1980s have thus far seen the nursing process updated and programmed into computers. Marriner (1983) illustrated this by stating that "computers are becoming increasingly important as a data base and for planning care" (p. 41).

McNeill (1983) discussed the PROMIS system, which is the creation of a computerized problem-oriented information system that records, manipulates, and retrieves all of the health data on individual patients over time. The logical structures of the computer displays are based on four phases of the nursing process: (a) assessment, (b) diagnosis, (c) planning, and (d) written evaluation. Every shift of the nurse reviews patient records by way of

the computer terminal screen. Independently, nurses can immediately prioritize their patient workload.

Also in the 1980s literature, there was much controversy about the use of the nursing process in practice.

Roper, Logan, and Tierney (1983) presented two views:

"A). The nursing process would reduce the nurse's function to a more analytical view which would decrease patient contact. B) The nursing process will heighten nurse's awareness of the notions of self-care, self-advocacy, and personal responsibility for health" (p. 33).

Further, Griffith and Christensen (1982) explained that several states initiated revisions of their nurse practice act to reflect the nursing process. Griffith and Christensen emphasized the use of nursing process.

"Recently the state board examinations were revised to test knowledge of assessing, analyzing, planning, implementing and evaluation--the five major components of the nursing process" (p. 125).

In summary, up to the present date, 1985, there has been no agreement as to the number of or names to the steps in the nursing process. There is evidence that the nursing process continues to be utilized in a number of ways throughout nursing practice.

Nursing Diagnosis

Definition

Abdellah (1957) described nursing diagnosis as the determination of the nature and extent of nursing problems presented by the individual patients or their families receiving nursing care. Chambers (1962) explained the nursing diagnosis is the investigation of facts to determine the needs of the patient that require nursing actions.

Komorita (1963) identified nursing diagnosis as a conclusion of an individual's nursing needs arrived at by the analysis of the patient's behavior, the nature of his illness, and other factors which affect his condition. Similarly, Durand and Prince (1966) defined nursing diagnosis as "a statement of conclusions resulting from a recognition of a pattern derived from a nursing investigation of the patient" (p. 56). As the 1960 decade ended, the definition of nursing diagnosis was perceived as a conclusion to a patient problem.

In the early 1970s, authors were still attempting to develop a definition of nursing diagnosis. Ecklebarry (1971) defined nursing diagnosis as a statement of a patient's unhealthful response and the significance of this response to the individual's life situation. Brown

(1974) was one of the earliest authors to describe nursing diagnosis as both the patient's problem and the cause of the problem.

Both Bircher (1975) and Rothberg (1975) viewed nursing diagnosis as an evaluation process which indicated the patient's needs for nursing assistance. Specifically, Bircher (1975) focused on the patient's response to his environment, and Rothberg (1975) focused on the patient's resources and deficits. Bircher (1975) was one of the first to perceive nursing diagnosis as an independent function of the nurse; one that considers patient's needs in the biological, physical-environmental, sociocultural, psychological, and spiritual-humanistic realms of human experience.

Mundinger and Jauron (1975) agreed with Bircher (1975) in that nursing diagnosis was an area of independent nursing action. Also, Mundinger and Jauron agreed with Ecklebarry (1971) in that a nursing diagnosis could be a statement of a potentially unhealthful response. Concurring with Brown (1974), Mundinger and Jauron (1975) explained that the nursing diagnosis should identify essential factors related to the unhealthful response. Roy (1975) viewed nursing diagnosis as a summary of the

patient's behavior responses and the causative factors related to those responses.

Gebbie and Lavin (1975) initiated the National Conference on Classification of Nursing Diagnoses to develop a taxonomy system of nursing diagnoses. The definition of the diagnostic system was a "Provision of nursing care that focuses on the patient's problems and implies specific nursing interventions. The diagnosis system can facilitate the review and evaluation of any patient's overall health care in any setting" (Gebbie & Lavin, 1975, p. 22).

Little and Carnevali (1976), in expressing the need for diagnostic taxonomy study to continue, defined nursing diagnosis as "a concise, precise, neutral statement of client response to a stressor or potential stressor in the health area and an identification of the area(s) of impact on his life-style" (p. 156). Little and Carnevali contended that a precise nursing diagnosis will give adequate direction for nursing care of the patient.

Gordon (1976) stated the following definition of nursing diagnosis in order to make the concept usable in the clinical area. "Nursing diagnoses, or clinical diagnoses made by professional nurses, describe actual or potential health problems which nurses, by virtue of their

education and experience are capable and licensed to treat" (p. 1299).

Gordon and Sweeny (1979) operationally defined nursing diagnosis to include the following three components: (a) structure, (b) concept, and (c) competency. The structural component refers to the observable characteristics. The conceptual component delineates the type of health problem. The competency component gives reference to the type of people who make the diagnosis.

Gordon and Sweeny (1979) included structure and competency referents in a definition of nursing diagnosis. It was viewed as a concise term representing a cluster of signs and symptoms and describing an actual or potential health problem or state-of-the-patient which nurses, by virtue of their education and experience, are licensed and able to treat.

In 1980, Mundinger identified nursing diagnosis as part of the nursing process. Mundinger believed that the process began when a nursing diagnosis was tentatively identified. The nursing diagnosis was explained as "A client's behavior or state of being that is an unhealthful response for that individual. A nursing diagnosis involves not only an unhealthful client behavior but also a problem for which nursing therapy is needed for

resolution of a potential health hazard" (Mundinger, 1980, pp. 41-42). Further, Gordon (1980) explained that the commonality among nursing diagnoses in various clinical settings was the description of actual or potential health problems treated by the professional nurse.

In the 1980 decade, there were more attempts made to describe the actual content and process of nursing diagnosis versus developing specific potential definitions. Gordon (1982) explained that nursing diagnosis was a process leading to a judgement. "Within the diagnostic process were actions and within these were other, more specific operations which involved reasoning and judgement" (p. 12). Gordon defined the four activities involved in nursing diagnosis as (a) collecting information, (b) information interpretation, (c) information clustering, and (d) naming the cluster. According to Gordon, this diagnostic process would determine a client's health state and evaluate the etiological factors influencing that state similarly. Marriner (1983) cited steps involved in the nursing process: (a) observation of signs and symptoms, (b) identification of the probable causes of the problem, and (c) formulation of the diagnostic statement. Marriner defined nursing diagnosis as a concept that "describes a combination of signs and symptoms that

indicate a potential or actual health problem that requires nursing intervention to be solved" (p. 48).

The 1984 literature expressed controversy regarding the difference between nursing diagnosis and assessment. Putzier and Padrick (1984) stated that "a nursing diagnosis is a decision made concerning the interpretation of the data collected about a client" (p. 21) and "it is a clear, concise, and definitive statement of the client's health status and concerns that can be affected by nursing intervention" (p. 28). Patzur and Padrick believed that signs and symptoms were part of the assessment phase which was unconnected, possibly misinterpreted manifestations of the patient's condition. "Without the nursing diagnosis goals cannot be formulated, nor can interventions be derived" (p. 22).

In summary nursing diagnoses have changed since the initial definitions were launched. One major problem noted by Gordon (1982) was the lack of agreement on definitions of the concept. Although evidence in the literature revealed that research is on-going for a nursing diagnostic taxonomy system, this research may manifest a universal definition for nursing diagnosis in the near future.

Structural Format of the Nursing Diagnostic

Statement

The earliest discussion of structural components of diagnostic statements was found in the 1960 literature. Durand and Prince (1966) explained that the actual nursing diagnosis was a statement of a conclusion. "The diagnosis may be descriptive, i.e., limited response to auditory and tactile stimuli. The diagnosis may be etiological, i.e., inadequate understanding of hospital because he does not speak English" (p. 57). Further, Durand and Prince discussed the difference between a nursing diagnosis and a medical diagnosis. The main points emphasized were (a) a nursing diagnosis is more individualized by focusing on one sign or symptom whereas a medical diagnosis serves to summarize a group of signs and symptoms and (b) a nursing diagnosis tends to reflect the progress of the patient whereas a medical diagnosis may remain the same until the patient has recovered or died.

Mundinger and Jauron (1975) developed the structural format for nursing diagnosis by introducing a two-part statement connected with the related-to phase. The diagnostic statement began with a statement of the unhealthful patient response. The second part of the diagnostic statement, the etiology, was the identified factor which

maintained the undesirable response. The connecting phrase "related-to" indicated a relationship between the two parts of the statement. Similarly, Guzzetta and Forsyth (1979) claimed that an etiology, identified through the assessment, was the indicator of the specific needs with which nurses could plan patient care.

Mundinger (1980) identified the structure of nursing diagnosis as a two-part statement. Mundinger recognized the first components of a nursing diagnosis to be a statement of a client's unhealthful state or behavior. This unhealthful state or behavior needed to be changeable and validated by appropriate assessment data. The second component was expressed as causal factors of the behavior or an unhealthful state. Also, the causal factor must be supported with data and maintain the ability to be changed. The term related-to was emphasized to show relationship between the two statements. Further, Mundinger (1980) explained that there were two levels of nursing diagnosis: (a) actual nursing diagnosis--noncompliance with therapy related to lack of knowledge, and (b) potential nursing diagnosis--potential noncompliance with therapy related to denial of disease.

A three-step process for writing a nursing diagnosis was presented by Dossey and Guzzetta (1981). The first

step was the recognition of an actual or potential patient health problem followed by selection of the appropriate problem statement from the nursing diagnosis list offered for use by the National Conference Group for Nursing Diagnosis. The second step was identification of the probable cause of the problem. The last step was the actual formulation of the nursing diagnostic statement in writing. Concurring with Gordon (1980) and Munding and Jauron (1975), the patient's problem and etiology should be connected to a related-to phrase. Dossey and Guzzetta (1981) stated, "When writing a nursing diagnosis keep it simple . . . stick to the three-step process, establish a baseline assessment using a nursing data base, then write your diagnostic problem" (p. 37).

Gordon (1982) and Marriner (1983) continued to discuss the structural components of the nursing diagnosis as a three-part statement: (a) unhealthful response, (b) related-to, and (c) etiology. Yoder (1984) agreed with Gordon (1982) and Marriner (1983) by stating, "the components of a nursing diagnosis have been accepted as including the problem-etiology-signs/symptoms format" (p. 183). In summarizing the definitions of the nursing diagnostic components, Yoder (1984) stated that the first component was as a concise, descriptive statement of the

client's existing or potential health problems. The identification of the problem comes out in the assessment phase of the nursing process.

Yoder (1984) explained that the etiology, the second component of the diagnostic phrase, was known as the actual or probable reason for the health problem. The actual or potential reason included psychosocial, environmental, or other contributing factors.

The last component of a nursing diagnosis as illustrated by Yoder (1984) included signs and symptoms. The signs and symptoms referred to the observable cues or defined characteristics that lead to identification of the health problem. Further Yoder (1984) discussed the phrase related-to as a connection between the problem statement and the etiology. She explained that the phrase is legally more acceptable than due to, because causal relationships have not yet been established for most nursing diagnoses.

The nursing literature revealed that writing a nursing diagnosis is not new to nursing. Nursing diagnosis has developed from a single phrase problem statement (1960 literature) to a two-part statement connected with the related-to phrase (1980 literature).

Identification of health problems and writing a nursing diagnosis are not new to nursing. Nurses have always been involved in identifying actual or potential patient problems. What is new, however, is the nursing diagnoses list from the National Conference on the Classification of Nursing Diagnoses. Yoder (1984) surmised that nurses at the conference had been defining, classifying, and testing labels about health problems since 1973. The participants have been trying to standardize labels for patient problems to keep terminology consistent and to help identify activities unique to nursing.

Purpose

Although the literature does not document the use of nursing diagnosis in clinical settings, the literature does document its purpose to the nursing profession. Durand and Prince (1966) believed the value of nursing diagnosis was to help seek a scientific basis for practice. They explained that the process of diagnosing necessitated the use of scientific knowledge and required the relation and application of this knowledge to nursing. "We believe a nursing diagnosis could mean the finding out

of all that is necessary to know to begin a plan of nursing care (p. 58).

Gebbie and Lavin (1975) reported that nursing diagnosis could lead to an accepted vocabulary utilized by all nurses. This improvement in communication could be reflected in nursing orders, care plans, progress notes, and problem-oriented record system. Further, they explained that a diagnostic system would allow the specific contributions of nursing to health care to be more readily identified. Therefore, "It would be possible to organize nursing clinics, extended nursing care facilities, or acute nursing care divisions on the basis of frequently encountered clusters of nursing diagnosis" (p. 23).

In the 1980 literature, Gordon (1982) reviewed many purposes for the use of nursing diagnosis. Gordon believed that a nursing diagnosis was formulated on the premise that the actual or potential health problem can be treated legally and autonomously by the nurse. Therefore, Gordon recognized nursing diagnosis as a distinct focus for establishing desired outcomes of nursing care and providing appropriate interventions. Gordon (1980) stated "a

nursing diagnosis clarifies the logical relationship that should exist between the client's problem and the proposed plan of care" (p. 86).

Gordon (1982) discussed the advantages that nursing diagnosis has in the communication process. Specifically, it (a) eases memory strain; (b) provides a focus for daily evaluation of a client's progress; (c) encourages one to organize her own data, diagnostic judgements, and treatment decisions; (d) facilitates continuity and coordination of care when two or more people provide care, (e) provides a legal record, (f) permits research that can lead to improvement of care, and (g) provides a valuable focus for discharge planning. In addition, nursing diagnoses indicates referral sources needed and provides coordination and continuation of care. Gordon (1982) explained that nursing diagnoses can be utilized as a framework for nursing standards and care review. The reason for this is that the nursing standards and care review bring uniformity to quality assurance activities in different health care settings.

Marriner (1983) revised the use of nursing diagnoses as (a) a standard terminology that will help nurses to communicate with one another and other health professionals, (b) will help legitimize third-party reimbursement

for nursing services, (c) will contribute to computerization of nursing diagnosis, and (d) will facilitate research and theory development. Rossi (1984) supported Gordon (1982) and Marriner (1983) by describing an experience with nursing diagnosis in a cardiovascular clinical setting. "Our experience with implementation of nursing diagnosis has shown that this approach has the potential to improve collaboration between physicians and nurses, facilitate the development of more goal-directed nursing interventions, and most importantly, improve patient care" (p. 211).

In summary, Gordon (1982) stated that nursing diagnoses could lead to standard communication between nursing cultures.

In the United States and other countries, nurses are recognizing the implications for nursing practice, education, and research. In particular, those providing direct care to clients view nursing diagnosis as a way to improve nursing care. As one nurse said, "Nursing diagnosis helps to define what I do and feel good about how I do it." (p. 27).

South Africa's Use of Nursing Process and Nursing Diagnosis

South African nursing literature revealed little research on the use of the nursing process and nursing diagnosis as compared to nursing literature in the United

States. Mashaba (1981) described basic characteristics of the South African nursing community. The nursing community of South Africa largely reflects the heterogeneous nature of its population, which is characterized by a divergence in race, culture, and socioeconomic background. Mashaba explained that each racial group of nurses was trained with a view to meet needs or demands in a specific community. All nurses were controlled by the single statutory body which was and remains known as the South African Nursing Council. This body determined and controlled the code of ethics for nurses and the system of nursing education together with entry requirements, the scope of practice, and prospects.

Mashaba (1981) explained that South African nursing services inherited their system from Britain. Mellish (1977) asserted that the basic pattern of nursing education for registration is a diploma in general nursing, at nursing colleges associated with hospitals. Frequently the nursing courses are integrated so that general nursing courses are combined with midwifery and/or psychiatric nursing. Mellish (1978) reported that 91% of registered nurses in this country are prepared with a diploma in general nursing. The remaining 9% are prepared by means

of a nursing degree in universities that are associated with hospitals.

Searle (1977) clarified the status of nursing graduate and doctoral degrees. She explained that there are no special divisions for graduate study at the universities in South Africa as there are in the United States. Searle said that postgraduate study to the doctoral level must follow the pattern of the particular school or faculty. The doctoral degrees are offered in the same department or school that offered the undergraduate courses in a particular discipline. Mellish (1978) proposed that nurses graduating from the diploma degree and advanced degree nursing programs function as professional nurses.

Searle (1979) defined a professional nurse of South Africa as one (a) whose expertise is based on a clearly defined and well-organized body of knowledge with a controlled system of education and training of the neophyte, (b) who is regulated by registration and an ethical code, (c) who is held accountable for her own actions, and (d) who is controlled by the South African Nursing Council. Miles (1978) reported the use of an instructional module system of self-instruction which was meant to be utilized in the clinical setting while nurses work so they could increase their autonomy and accountability. "This

approach was designed to give nurses all the possible learning experiences related to their ward-placement and to make available to them learning resources" (p. 41). Miles explained that the nurses may see the module they wanted to learn more about.

Miles (1978) reported the use of a self-instructional module system. This approach was designed to give nurses all the possible learning experiences related to the nurse's ward-placement and to make available the learning resources. Nurses chose the module they wanted to learn more about. Miles emphasized that the nursing process was the module used most often. The module consisted of a short introduction, learning objectives, a list of related readings, audio-visual aid, and relevant visits to persons within the hospital. The learning experiences and exercises were to be carried out in the ward situation to fit each learning objective. Harrington (1980) listed the steps of the nursing process along with examples and/or descriptions.

1. Assessing the patient's needs: the patient appears flushed (observation).
2. Planning nursing intervention: to report the patient's condition to the sister or doctor.
3. Implementing the planned intervention: the steps under planned intervention are carried out.

4. Evaluating the results of the intervention: the results of the above mentioned steps are evaluated. (p. 28)

There was no evidence in the literature that nursing diagnosis was a step in the nursing process. Larsen (1978) reported the need for appropriate notekeeping in rural obstetric units.

If streaming (early detection) of patients is to be effective, it is essential that:

1. The documentation of the risk factor recognized in any given patient should be clear, and
2. The direction of management necessitated by that risk factor should be clearly indicated. This latter aim can be achieved in part by placing the patient into categories according to her problem. (p. 38)

The term category was another name for nursing diagnosis. The following were two examples of category as reported by Larsen (1978): "Pregnancy occurring in a girl of 17 years of age or younger" (p. 39) and "normal/at risk pregnancy" (p. 40). Further, Larsen emphasized that category helped in both achieving clear communication between referring clinic and base hospital and by noting whether the nurse has noted a specific problem.

In summary, Mellish (1978) assembled the goals and objectives that South African nursing practice wants to meet in the 1980 decade. Emphasis is on educating nurses to nurse or function as a registered practitioner of

nursing and conducting nursing research. Further, there was no discussion in the 1980 South African literature that described the usage of nursing process and nursing diagnosis.

Related Research

Nursing Process

Smith (1968) discussed a study that was funded by the United States Public Health Service in 1959. It was a pilot project to study what happens when a nurse admits a patient and consciously and deliberately employs one of two kinds of behavior: (a) a process that clearly enables the nurse to find out what a patient is feeling, thinking, expecting, and wanting at that moment or (b) that which clearly prevents the nurse from ascertaining the previous information. There was no structured interview form for the two kinds of behaviors. This was an attempt to identify facilitating behavior from nonfacilitating behavior as related to getting to know the patient.

Smith (1968) explained that the nurses who participated in the study had difficulty at first in interviewing a patient. As the interviews continued, the nurse subjects became more aware of their methods for getting to know the patient. It was apparent from the protocols that

getting-to-know methods brought forth information relevant to providing effective and appropriate care. Smith (1968) identified the conclusion of this study as:

1. The patients responded well to the nursing care when the information was utilized in the formulation of plans.
2. It was difficult for nurses to write up a patient interview on the patient's chart so members of other disciplines could read it.
3. It was possible to get valuable information in a 10-20 minute admission interview.

Smith (1968) stated, "these data suggested that a system or a set of procedures was a definite next step if such interviewing or history taking was to be extended to all patients" (p. 160).

An instrument for comprising organized patient care was started in 1963 and completed in 1966. Smith (1968) explained that the instrument was labeled "Nursing History" and contained the following terms:

- (a) appearance on sight, (b) significant data, (c) patient's understanding of illness and events leading up to the illness, (d) nursing goals for the patient, (e) factors which enhance and inhibit the goals, (f) achievement of the goals, (g) evaluation of the goals, and (h) modification of goals. (p. 166)

Smith (1968) recognized that this modified nursing process had many advantages: (a) was a method of evaluating nursing care, (b) was utilized for teaching and as a basis for clinical nursing research, (c) helped to define more specifically the parameters of knowledge needed by nurses, and (d) encouraged nurses to become more involved with patients. Smith expressed, "This tool is a step toward making your own values operational" (p. 167).

Cicuca (1974) conducted a study to investigate the content of nursing care plans. The objectives incorporated the nursing process by determining notations for assessment data, plans of action, and approaches for evaluation. Cicuca analyzed 235 nursing care plans drawn at random from 1,175 care plans in six hospitals in the San Francisco Bay area. Notations on the care plans were classified into seven groups that comprised a total of 56 nursing activities. Examination revealed that nursing care plans were primarily utilized as a place for notation of functional duties--monitoring vital signs. Notations indicating the planning of nursing care action were absent. Cicuca believed that the factor which retarded the forward movement of the incorporation of nursing process in care plans was nurses not recognizing it as a tool for nursing practice.

De la Cuesta (1983) discussed the research study she carried out in 1979 in which she sociologically analyzed the development of nursing process. The method of data collection included content analysis of the literature of the United States and the United Kingdom related to the nursing process. De la Cuesta selected books that aimed to identify those writings that had the greatest influence on the development of the nursing process. In order to identify these works, four types of sources were utilized: (a) three bibliography lists on the nursing process previously compiled in the United Kingdom, (b) random selection of books and articles from the United States and the United Kingdom related to the nursing process, (c) a list of those books at the Royal College of Nursing library in greatest demand, and (d) the stock of works held in the library of a hospital nursing school where the nursing process was implemented. A total of 14 books and 4 journal articles were utilized. In addition, 29 nurses in a United Kingdom hospital where the nursing process was implemented were interviewed. Furthermore, 22 United States nurses were interviewed to study the genesis of the nursing process. Random sampling was utilized to select both sets of nurses.

De la Cuesta (1983) summarized her findings by explaining that the concept of the nursing process emerged in the United States during the 1960s and later was transferred to the United Kingdom in a limited, modified form. As a method of practice, the study showed that the nursing process was not fully implemented either in the United States or in the United Kingdom. De la Cuesta clarified that the nursing process has represented an important step forward in nursing in that it has made real analytical gains of the nurses' role and functions with patient care.

Nursing Diagnosis

Rossi and Haines (1979) identified the use of nursing diagnoses while caring for a myocardial infarction patient. The material presented in the discussion was based on the experience of the authors rather than empirical data. The authors explained that the diagnostic process involved data collection, then this information was organized into a group of related signs and symptoms to suggest the existence of a health problem. The problem was then applied to a diagnostic category that contained three elements: (a) term describing the problem, (b) etiology, and (c) the definition of the characteristics.

Rossi and Haines (1979) discussed seven possible nursing diagnoses associated with acute myocardial infarction. Each nursing diagnosis was operationally defined. Rossi and Haines encouraged nurses to incorporate nursing diagnoses into their daily practice and through this practice, reliable classification of nursing diagnoses could be developed.

Dossey and Guzzetta (1981) demonstrated how patient care can be affected with the use of nursing diagnosis. A 69-year-old female was residing in an intensive care unit with the medical diagnosis of potential myasthenia gravis. The patient was dependent on a ventilator and had been in the intensive care unit for 29 days. Examination of the patient's care plan revealed no clear definition of the patient's nursing needs or goals.

Dossey and Guzzetta (1981) explained that a new plan of care was written based on nursing diagnoses specific to the patient. Using the care plan as a guide, the patient received continuity of care. Twenty-four hours after the new plan of care was devised and implemented, the patient was off the ventilator and participating in her own care.

Jones and Jakob (1982) explored the potential inaccuracies of nursing diagnoses. The authors found in a previous investigation the diagnostic process is a

difficult task in differentiating which label accurately describes aspects of the clients' state of health. Therefore, Jones and Jakob conducted a descriptive study to explore the operational definitions of two widely utilized health problem terms, fear and anxiety.

The study involved the participation of 57 volunteer practicing baccalaureate- or master's-prepared nurses with the aim of discovering how the nurses describe the human responses for which they give care. Jones and Jakob explained that a list of nursing diagnoses prepared by the investigators was given to volunteer participants. The participants used it in identifying the diagnoses of up to 10 clients for whom they were giving care. The data collection instrument, designed and pretested earlier by the investigators, was a questionnaire requesting information about the nurses, the clients, and the nurses' opinions about the list of diagnostic terms. The submitted nursing diagnoses were accompanied by descriptive modifiers of intensity, duration, contributing factors, and observations of behavior. The two investigators separately reviewed each identified diagnosis, verified that it was appropriate according to the project's definition of a nursing diagnosis, and that it was supported by subjective or objective data.

Jones and Jakob (1982) reported that the data suggested that nurse-participants appeared to place low value on verbal expressions of fear by clients. Further, there remained a diagnostic confusion between fear and anxiety. Jones and Jakob believed that their findings raised the question, "What is the level of congruence between the clients and the nurses' perception of the client's human response?" (p. 28). The investigators explained that repeated observations and testing in clinical practice is needed to help minimize inaccuracies in nursing diagnoses.

Putzier and Padrick (1984) found that nursing diagnosis is both a necessary component to the nursing process and decision-making process in clinical practice. Putzier and Padrick described a case study to support the interrelatedness of decision making and the nursing process. Mrs. F., an 82-year-old woman, had been recuperating from a surgical hip replacement in a nursing home. Mrs. F., an enthusiastic lady, was used to living in a retirement center where she was the head of three committees and involved in many other activities. Two weeks after admission to the nursing home, Mrs. F. was noticed to be disoriented to time and place and slow to respond to questions.

Putzier and Padrick (1984) presented a summary of usual and present data that corresponded to Mrs. F.'s behaviors. The following nursing diagnosis was developed as a result of the assessment data: "Sensory deprivation related to isolation" (p. 26). As a result of the nursing diagnosis, a plan of care containing goals and nursing orders was developed specific to the needs of the client. Therefore, decisions regarding evaluation continued to guide the nurses in formulating and modifying interventions until the goals were achieved. Putzier and Padrick believed that "Nursing's responsibility is to diagnose human responses to health-related issues and concerns and their effects on activities of daily living. Without it, nursing practice can become a routine set of tasks that may or may not address the patient's actual needs" (p. 28).

Burrows (1982) conducted a descriptive study to explore the use of written nursing diagnoses by nurses employed in hospitals located in the southwestern region of the United States. Burrows explained that the instrument was an investigator-designed questionnaire to describe the use of written nursing diagnoses. The sample consisted of nurse administrators from 15% of the large and small hospitals located in Texas, Arkansas, Louisiana,

Oklahoma, and New Mexico. Descriptive statistics were applied to the results obtained from the returned questionnaires.

Burrows (1982) reported the following findings:

1. The reason most often selected for use of nursing diagnoses was related to patient care.

2. The reason most often selected for nonuse of nursing diagnoses was related to lack of knowledge.

3. One-half of the nursing diagnostic statements contained one phrase.

4. Sixty percent of the diagnoses were of nursing content.

5. A consensus of the definition of nursing diagnosis did not exist in the sample.

6. The predominate mode of charting was the traditional/narrative form.

Burrows (1982) believed her findings supported the need for further research related to the use of nursing diagnoses. Burrows stated, "Is it realistic to expect the use of nursing diagnoses if the concept is only vaguely understood?"

Summary

This chapter has presented a review of literature on the study of nursing in countries outside of the United States, the concepts of nursing process and nursing diagnosis as defined and utilized in the United States, common educational practices in South Africa, and related research. The nursing process was considered the methodology for nursing practice. The nursing process has maintained many purposes, definitions, and uses in nursing practice throughout nursing history. The use of nursing diagnosis has increased in the 1980s. Even though one definition of nursing diagnosis does not exist, commonalities do exist among definitions. Researchers have continued to work on a common structural format and taxonomy system for nurses of all cultures to utilize as an effective communication system. In contrast, the South African nursing literature revealed limited discussion about the concepts, nursing process and nursing diagnosis, although there was evidence that the South African nurses believed in (a) promoting higher nursing educational degrees and (b) emphasizing the need for nursing research. The review of literature was concluded with research related to this study.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The descriptive method of research was utilized in this study. According to Polit and Hungler (1983), descriptive investigations begin with the identification of a problem and generally do not begin with a theory. Their purpose is to observe, describe, and document aspects of a phenomenon. "This type of study is often extremely important in laying a foundation for later research" (Polit & Hungler, 1983, p. 134). This descriptive study surveyed the use of nursing diagnosis and nursing process in programs of university-based nursing schools located in South Africa as perceived by nurse educators.

Setting

Data were collected for the study from 16 university-based nursing schools in southern Africa. Specifically, the schools were located in the following cities: (a) Bellville, (b) Congella, (c) Observatory, (d) Capetown, (e) Medunsa, (f) Bloemfontein, (g) Johannesburg, (h) Port Elizabeth, (i) Tygerberg, (j) Potchefstroom, (k) Pretoria, (l) Kwadlangezwa, (m) Pietersburg, (n) Alice Ciskei, and

(o) Mafeking. The questionnaires mailed to the nursing schools in the southern African cities were answered at the convenience of each subject, either internal or external to their work environment.

Population and Sample

The population for the study was nurse educators from the 16 university-based nursing schools listed by the South African Association. A letter (Appendix A) was sent to the South African Nursing Association which requested a list of South African university-based nursing schools along with a contact person for each school. In reply, the South African Nursing Association sent a list (Appendix B) of 16 southern African universities that had a nursing program. The name of a contact person entitled Head of the Department of Nursing preceded each of the 16 universities listed.

The accessible population consisted of 32 nurse educators, two selected by the Head of the Department of Nursing from each of the 16 schools. Each of the nurse educators met the following criteria: (a) ability to read, write, and comprehend English; (b) taught nursing students at least two courses in their school's nursing program; and (c) held the title Nurse Educator. The

sample consisted of those nurse educators who returned the research questionnaires. Twenty-seven (84%) sets of research questionnaires were returned, and 18 (56%) were completed. Therefore, the sample size consisted of 18 South African nurse educators.

Protection of Human Subjects

The proposed study was submitted to the Graduate School of Texas Woman's University and permission to conduct the study was granted under Category I (no risk) (Appendix C). As a result, review was not required by the Human Subjects Research Review Committee.

An introductory letter (Appendix D) accompanied the questionnaires and complied with the ethical considerations related to utilization of human subjects in research studies. The letter described the purpose of the study by stating that the questionnaires were developed for research. The professional and academic identification of the investigator was also identified. A description of the subject selection was explained. Researcher expectations of the subjects were communicated in the instructions and time needed to complete the questionnaires. The letter explained that the findings would be

handled only by the researcher and would be described by the use of descriptive statistics.

Notification was made that an abstract would be sent to the school upon completion of the study. The fact that participation was strictly voluntary was emphasized, and subjects also told that there was no penalty or reward attached to participation or nonparticipation. Protection of anonymity/confidentiality was secured by requesting that names of the participants and the institution not be identified on the questionnaires. Consent for participation in the study was assumed with return of the questionnaire by the subjects. The information in the introductory letter (Appendix D) protected the rights of the prospective subjects in accordance with guidelines of Texas Woman's University.

Instruments

There were two instruments utilized in this study. The Demographic questionnaire was developed by the researcher to obtain demographic data (Appendix E). The Nursing Process and Nursing Diagnosis Research Questionnaire (Appendix F) was designed to obtain data in regard to the research questions.

Demographic Questionnaire

The researcher developed the Demographic Questionnaire (Appendix E). This questionnaire consisted of eight statements designed to obtain information related to the subjects' career experiences and characteristics specific to their nursing school.

Nursing Process and Nursing Diagnosis Research

Questionnaire

The Nursing Process and Nursing Diagnosis Research Questionnaire (Appendix F) was an extension of Burrows' (1982) research questionnaire related to the utilization of nursing diagnosis in the southwestern United States. The research questionnaire was designed to obtain information related to the subjects' use of nursing diagnosis and nursing process in their school's curriculum. There are two types of questions used. Eighteen items asked "what" questions. Each question is followed by multiple responses with a specific area to mark the appropriate answer(s). Three items were designed to obtain written definitions and examples. The questionnaire takes approximately 15 minutes to complete.

Burrows' (1982) original questionnaire was evaluated for content and face validity by a panel of three experts

who had expertise and current knowledge regarding nursing diagnosis. The panel members were Dr. Marjory Gordon of Boston College, Chestnut Hill, Massachusetts; Dr. Cathie Guzzetta of Catholic University, Washington, D.C.; and Ms. Betty Henderson of Texas Woman's University, Houston, Texas. Face validity was also determined by five graduate students.

The Nursing Process and Nursing Diagnosis Research Questionnaire utilized in the present study was evaluated for content and face validity by a panel of three nurse educators. Each panel member was a clinical instructor who had a Women's Health Care Advanced Nurse Practitioner Certificate, held a Bachelor of Science in Nursing, and a Master of Science in Nursing or was a Master candidate in nursing. The panel members had knowledge and experience regarding the use of nursing diagnosis and nursing process. An introductory letter (Appendix G) was sent to the panel members and included the problem statement, purpose, and sample of the proposed research study. The panelists were given a Validity Worksheet (Appendix H), extended from Burrows' Validity Worksheet, to utilize for evaluation of the content, clarity, and conciseness of the items and alternate responses on the Nursing Process and Nursing Diagnosis Research Questionnaire. In addition,

the Format Worksheet (Appendix I), which accompanied the Validity Worksheet, was designed to evaluate the time involved in answering the question, appropriateness of question sequence, and alternate responses and clarity of instruction.

Two issues were cited frequently by the panelists on the completed Validity Worksheets (Appendix H) and Format Worksheets (Appendix I). The panelists indicated that there were too many instructions which appeared redundant and confusing. As a result, the instructions were simplified and reduced. Also, the panelists believed that nursing diagnosis was a synonym with assessment and did not believe that one section of the questionnaire should be devoted to nursing diagnosis and the other to nursing process because it was redundant. Nursing diagnosis and nursing process remained as two separate sets of questions due to the nature of the descriptive study surveying another country's practices.

Reliability was not established for Burrows' (1982) original questionnaire. The questionnaire items from the Nursing Process and Nursing Diagnosis Research Questionnaire (Appendix F), which were partially modified from Burrows' original questionnaire with nurse administrators in the southwestern United States, could not be accurately

assessed for reliability with the sample of South African nurse educators in this study. The reason for this was that different countries interpret content, spelling, and syntax differently. The questionnaires were self-administered; therefore, question content, the wording of questions and response alternatives, question sequence, format, and the introduction, and instructions were given major consideration in the construction of the instrument. The researcher carefully reviewed South African nursing literature for vocabulary usage prior to construction of the instrument.

Data Collection

The instruments and introductory letters were sent to the Head of the Department of Nursing at each of the 16 university-based nursing schools in South Africa. The mailed envelopes contained (a) an introductory letter to the Head of the Department of Nursing (Appendix J), (b) an introductory letter to the nurse educators (Appendix D), (c) one Demographic Questionnaire (Appendix E), and one Nursing Process and Nursing Diagnosis Research Questionnaire (Appendix F) attached to the nurse educator's introductory letter, and (d) a self-addressed envelope attached to each set of questionnaires. The Head of the

Department of Nursing was directed to submit a set of questionnaires and an introductory letter to two nurse educators in his/her school curriculum. The introductory letters provided instructions as to who would qualify as a subject in the study and indicated that each subject would spend approximately 20 minutes completing the questionnaires. The questionnaires were returned to the researcher in a prestamped addressed envelope. At the end of 1 month, seven (22%) of the 32 questionnaires were returned. Therefore, a reminder letter (Appendix K) along with a duplicate introductory letter and research questionnaire were sent to the Head of the Department of Nursing at each of the university-based nursing schools. As a result, an additional 20 questionnaires were received.

Treatment of Data

The responses from the Nursing Process and Nursing Diagnosis Research Questionnaire provided the data needed to answer the research questions. Descriptive statistics, such as frequencies and percentages, and concise lists of instructor quotes were utilized to summarize and describe the data. These descriptive summaries collected were displayed in tables. The tables were extensions from

Burrows' (1982) tables. The data obtained from the Demographic Questionnaire were also tabulated in frequency and percentages.

CHAPTER IV

ANALYSIS OF DATA

The descriptive study was designed to determine the use of nursing process and nursing diagnosis in university-based nursing school curriculums in South Africa. In this chapter, a summary of the data gathered is presented and tabulated in table form. The findings are presented in terms of frequencies and percentages. Data collected regarding written examples are listed. Additional findings conclude this chapter.

Description of the Sample

Thirty-two questionnaires were sent to 16 schools. Twenty-seven questionnaires were returned, which yielded an 84% return rate. Eighteen (70%) of the returned questionnaires were completed, which yielded a return rate of 56%.

The Demographic Questionnaire (Appendix J) solicited information regarding the curriculums of the university-based nursing school and the subjects included in the sample. A summary of the subjects' responses is discussed and given in table form.

Over half (72%) of the university-based nursing programs have a minimum of 4-4.5 years for completion (Table 1). Less than half (44%) of the programs graduated 0-15 (Table 2). The majority (33%) of the programs in the sample had 51-150 students enrolled in nursing programs (Table 3). Seventy-three percent of the nursing faculty worked full-time (Table 4). Less than half (39%) of the nursing faculty in the sample worked part-time in the school's nursing program (Table 5). Half (51%) of the sample had been a licensed nurse for 11 or more years (Table 6).

The most frequent subject area taught was medical-surgical nursing, taught by eight (44%) nurse educators (Table 7). Ten (56%) of the nurse educators in the sample reported that their professional title was Lecturer (28%) and Senior Lecturer (28%) (Table 8). The majority (72%) of the nurse educators in this sample either held a baccalaureate or master's degree in nursing (Table 9).

Findings

The results of the study are organized according to the research questions. The research question is stated followed by the description of the findings and tables.

Table 1

Minimum Number of Years to Complete Nursing Program in
Schools Represented by Subjects

Number of years	Frequency	Percentage
1 - 3.5	1	6
4 - 4.5	13	72
No response	<u>4</u>	<u>22</u>
Total	18	100

Table 2

Average Number of Students Graduated from Nursing Program
Each Year in Schools Represented by Subjects

Average number of students	Frequency	Percentage
0 - 5	4	22
6 - 10	3	17
11 - 15	1	5
16 - 20	4	22
21 or more	1	6
No response	<u>5</u>	<u>28</u>
Total	18	100

Table 3

Number of Students Enrolled in Nursing Program in Schools
Represented by Subjects

Number of students	Frequency	Percentage
1 - 25	1	6
26 - 50	3	17
51 - 100	4	22
101 - 125	1	6
126 - 150	1	5
No response	<u>8</u>	<u>44</u>
Total	18	100

Table 4

Number of Full-Time Nursing Faculty in Schools
Represented by Subjects

Number of faculty	Frequency	Percentage
1 - 15	8	44
16 - 30	1	6
31 - 45	1	6
46 - 60	3	17
No response	<u>5</u>	<u>27</u>
Total	18	100

Table 5

Number of Part-Time Nursing Faculty in Schools Represented
by Subjects

Number of faculty	Frequency	Percentage
0 - 3	2	11
4 - 6	1	6
7 - 9	4	22
No response	<u>11</u>	<u>61</u>
Total	18	100

Table 6

Subjects' Number of Years Spent as a Licensed Nurse

Number of years	Frequency	Percentage
6 - 10	2	11
11 - 15	2	11
16 - 20	3	16
21 - 25	3	17
25 or more	3	17
No response	<u>5</u>	<u>28</u>
Total	18	100

Table 7

Subjects' Areas of Instruction in Their Nursing Program

Subject area	Frequency	Percentage
Community health nursing	3	17
Disaster nursing	1	5
General nursing	4	22
Intensive care nursing	2	11
Medical-surgical nursing	8	44
Nursing administration	5	28
Nutrition	1	5
Pediatric nursing	2	11
Pharmacology	1	5
Psychiatric nursing	1	5
Research methodology	1	5
Sociology	1	5
Theory and principles of nursing science	8	44
No response	<u>4</u>	<u>22</u>
Total	42	100

Note: Some instructors teach more than one subject.

Table 8

Professional Title of the Subjects

Professional title	Frequency	Percentage
Lecturer	5	28
Senior lecturer	5	28
Professor	1	5
Psychiatric nurse specialist	1	5
RN, MN	1	6
No response	<u>5</u>	<u>28</u>
Total	18	100

Table 9

Educational Degrees of the Subjects

Degree	Frequency	Percentage
Diploma of nursing	1	5
Baccalaureate in nursing	7	39
Master's in nursing	6	33
Doctor of nursing	1	6
No response	<u>3</u>	<u>17</u>
Total	18	100

Research Question 1

Research question 1 was: What information regarding nursing process do nurse educators report is included in their South African university-based nursing school curriculum? Twelve questionnaire items (Appendix K) were designed to obtain the data to answer research question 1. The first item of the questionnaire determined the use of nursing process. All of the subjects reported that the nursing process was utilized in their school's curriculum.

If the subjects utilized the nursing process in their school's curriculum, they were asked to provide a written definition of nursing process accepted for use in their program's objectives. Examination of the various definitions revealed some commonalities. These common terms are rank ordered (Table 10).

One (5%) definition included the term optimistic plan. The optimistic plan was clarified as a provision of nursing care and need as a model for teaching purposes. In addition, the term adaptable system was utilized by only one (5%) subject. The subject stated that the nursing process was a deliberate and adaptable systematic set of cognitive and behavioral steps that described the clinical acts of nursing practice. One (5%) subject

Table 10

Terms Used by Subjects in Definitions of the Nursing Process

Terms	Frequency	Percentage
Scientific system	6	33
Orderly system	7	39
Optimistic plan	1	5
Adaptable system	1	5
System	1	6
Comprehensive set	1	6
No response	<u>1</u>	<u>6</u>
Total	18	100

utilized the term system. Finally, one (5%) nurse educator included the term comprehensive set. The educator acknowledged the nursing process as the comprehensive set of nursing activities performed in the delivery of patient care.

Two more terms were identified from the nursing process definitions. Six (33%) subjects included the term scientific system, and seven (39%) included the term orderly system. The term scientific system was defined as "(a) a scientific problem method to nursing care, (b) a scientific way of carrying out nursing functions, or (c) a

scientific approach to helping patients problem solve." One educator included the above factors in her statement along with the notation that the nursing process is a scientific method of nursing because "it is based on a scientific body of knowledge, is a problem-solving approach, and is systematic and logical in order to maintain professional standards."

The term orderly system was included in nearly half (39%) of the nursing process definitions. The definitions consistently stated that the nursing process was an orderly, systematic manner of determining the client's problems, making plans to solve them, initiating the plan, assigning others to implement it, and evaluating the extent to which the identified problems were resolved.

The subjects were asked the number of steps in the nursing process that were taught to their nursing students. The majority (84%) of the subjects utilize four or five steps in the nursing process to teach the nursing students (Table 11).

These subjects were asked to clarify the nursing process steps utilized in their nursing program. Five response alternatives were presented as steps in the nursing process. Space was available to write in other steps utilized in the instructor's curriculum. The nurse

Table 11

Number of Steps in the Nursing Process

Number of steps	Subjects' responses	
	Frequency	Percentage
4	6	34
5	9	50
More than 5	<u>3</u>	<u>16</u>
Total	18	100

educators were allowed multiple selections in order to identify all possible nursing process steps utilized. The responses are rank ordered. The percentages were calculated based on the sample size and frequency with each reason selected. The percentages totaled greater than 100% due to multiple selections made (Table 12).

Eighteen (100%) of the subjects considered assessment, planning, implementation, and evaluation as steps in the nursing process. Almost half (44%) of the subjects listed recording as an additional step in the nursing process. Nursing diagnosis was not utilized as frequently as assessment, planning, implementation, and evaluation in the South African nursing process. However, over half (56%) of the subjects considered nursing diagnosis as a step in the nursing process that they teach to their students (Table 12).

Table 12

Titles of Specific Steps in the Nursing Process

Titles of Steps	Subjects' responses	
	Frequency	Percentage
Assessment	18	100
Nursing diagnosis	10	56
Planning	18	100
Implementation	18	100
Evaluation	18	100
Other		
Documentation	1	5
Recording	8	44
Nursing care plan	1	5

Note: Eighteen subjects responded. All of the subjects responded to more than one step.

The subjects were asked to write one example for each of the steps identified as part of the nursing process taught to their students. The examples listed under each step were too ambiguous to list or categorize because the instructors wrote partial definitions, multiple examples, or combined both. Documentation and nursing care plan were both listed as nursing process steps although there were no definitions written for these steps. Examples

that had either similar structure or content were extracted and are presented in examples in Table 13.

In summary, 14 (78%) subjects listed examples for (a) assessment, (b) planning, (c) implementation, and (d) evaluation. Only two (11%) provided for nursing diagnosis, and eight (44%) nurse educators provided samples of recording.

The subjects were asked to designate reasons the nursing process was incorporated in their school's curriculum. Eighteen (100%) nurse educators responded to the questionnaire item. All 18 responded to more than one response alternative. The responses are rank ordered. The percentages were calculated based on the sample size and frequency with which each reason was selected. The percentages totaled greater than 100% due to multiple selections made by the respondents (Table 14).

The reason most often (94%) selected for the nursing process being incorporated in their school's curriculum was the view that nursing process gives direction for nursing care. The second most frequently (83%) selected reason for the use of nursing process was that nursing process improves the quality of patient care. Only 28% of the subjects believed that nursing process is essential to building a body of knowledge.

Table 13

Examples of Nursing Process Steps

Steps	Examples
Assessment	Interview patient and significant others Sources for information, i.e., lab results and medication chart Physical examination Physical, mental, social, and nutritional needs
Nursing diagnosis	Unmet needs, i.e., pain or immobility, "self-care deficit"
Planning	Blueprint for implementation Expected outcome Nursing criteria to meet goals Nursing actions
Implementing	Nursing actions in operations, i.e., "give medical for pain" Documentation of progress on flow charts Appropriate strategy, i.e., "give oxygen" Teaching
Evaluation	Evaluate a nursing action by comparing expected outcome and actual outcome Assess nursing actions continuously Evaluate patient's goal achievement
Recording	Record every step of nursing care An entry in the patient's "bed letter" about self-care Chart nursing procedures on "care sheet"

Note: The examples are a summary of the subjects' examples related to their nursing process steps. Eleven subjects responded; seven subjects did not respond.

Table 14

Reasons the Nursing Process Is Incorporated in the School's Curriculum

Reasons	Subjects' responses	
	Frequency	Percentage
Nursing process gives direction for nursing care	17	94
Nursing process improves the quality of patient care	15	83
Nursing process is part of the standard for nursing practice as published by the South African Nursing Council	12	67
Nursing process facilitates communication between nursing and non-nursing personnel	9	50
Nursing process is the legal responsibility of the licensed nurse	6	33
Nursing process is used in order to implement the newest nursing trends into practice	6	33
Nursing process is essential to build a body of knowledge	5	28
Other		
"It enables the nurse to see the patient in totality and to plan comprehensive quality care. It is essential to integrate theory and practice	1	6
"Contributes to research."	1	6
"Gives direction for nursing care."	1	5
"Improves the quality of patient care."	1	5
"Recording more effectively done."	1	5
"Trainee nurse educators need to know how to use the nursing process as a teaching tool."	1	5

Note: Eighteen subjects responded. All of the subjects responded to more than one alternative.

Twelve percent of the nurse educators wrote additional reasons the nursing process was incorporated in their school's curriculum. One (5%) educator stated that the nursing process "enables the nurse to see the patient in totality and to plan comprehensive quality care. It is essential to integrate theory and practice." Also, one (5%) nurse stated, "recording is more effectively done" in relation to usage of the nursing process. In addition, two reasons were given that related to patient care: (a) nursing process gives direction for nursing care and (b) improves the quality of patient care. Also, one (5%) subject reported that the nursing process was a means to contribute to research. In addition, one (5%) subject stated, "trainee nurse educators need to know how to use the nursing process as a teaching tool." This statement was a reason indirectly related to patient care as were the questionnaire alternatives, legal responsibility of the nurse, facilitating communication, standards of nursing practice, and implementation of the newest nursing trends, which were selected at a lesser frequency than the patient care alternatives. In summary, the nursing process is a concept utilized by South African university-based nursing schools as evidenced by 100% of the sample responding to the seven alternatives in research question

8 (Appendix F) and additional responses written by individual nurse educators (Table 14).

The subjects were asked to identify the publications utilized to teach the nursing process. All eighteen (100%) subjects responded to the questionnaire item, and each gave more than one response. Fourteen (78%) of the nurse educators listed other authors than those listed. The responses are rank ordered both in the original response section and the section of authors listed by the instructors. The percentages were calculated based on the sample size and frequency that each author was selected. The percentages totaled greater than 100% due to multiple selections made by the respondents (Table 15).

The experts' publications utilized to teach the nursing process most often (72%) selected were Yura and Walsh. In addition, 14 (78%) nursing educators listed 11 authors not given on the questionnaire response alternatives. Some of the new responses were listed more than once. Four (22%) nurse educators listed Miles as an expert whose publications were utilized to teach the nursing process. Miles is not listed as an American author (Bowker, 1985). The second most often reported authors were Mayers (17%) and Kratz (17%). Both authors have American publications (Bowker, 1985). Bowker listed

Table 15

Publications Used by Experts to Teach the Nursing Process

Name	Frequency	Percentage
Yura & Walsh	13	72
Marriner	8	44
Little & Carnevali	3	17
Lewis	0	0
None	0	0
Other (Authors listed by the nurse educators)		
Miles	4	22
Mayers	3	17
Kratz	3	17
Roper, Logan, & Tierney	1	6
McFarlane & Castledine	1	6
Henderson	1	6
LaMonica	1	6
Rowland & Rowland	1	6
Atkinson & Murray	1	6
Wilson & Kneisl	1	6
Stuart & Sundeen	1	6

Note: Eighteen subjects responded. Each responded to more than one alternative.

the following authors as having American publications" (a) McFarlane and Castledine; (b) Roper, Logan, and Tierney; (c) Henderson; (d) LaMonica; (e) Rowland and Rowland; (f) Atkinson and Murray; (g) Wilson and Kneisl; and (h) Stuart and Sundeen. One subject listed each of the above eight authors (Table 15).

In summary, more than half (58%) of these additional authors were American writers. Thirty-six (86%) responses identified authors of American publications.

These subjects were asked to report places in which the nursing process was incorporated in clinical practice by their student nurses. Eighteen (100%) of the subjects responded to the alternative responses related to places in which the nursing process is incorporated in clinical practice. One (5%) subject listed an other alternative response. Fourteen (78%) subjects gave multiple responses. One (5%) subject did not respond. The responses are rank ordered (Table 16).

The percentages were calculated, based on the sample size and frequency with which each alternative was selected. The percentages totaled greater than 100% due to multiple selections made by respondents. The most frequent (72%) response in regards to the places in which

Table 16

Places in Which the Nursing Process Is Incorporated
in Clinical Practice

Places	Subjects responses	
	Frequency	Percentage
Nurses' notes	13	72
Kardex	10	56
Nursing shift report	10	56
Nursing care plan	9	50
Other		
"We have a comprehensive record recording every step."	1	6
No response	1	6

Note: Some subjects responded more than once.

the nursing process was incorporated in clinical practice was nurses' notes.

Examination of the frequency of the location in which the nursing process was incorporated is worth noting. Seven (39%) of the subjects reported that they incorporate the nursing process in three places: nurses' notes, nursing shift report, and the nursing care plan. Six (33%) of the subjects reported that they utilize both the kardex and nursing care plans to incorporate the nursing

process in clinical practice. In summary, the majority (72%) of the subjects reported that they utilize nurses' notes to document the nursing process in clinical practice (Table 16).

The subjects were asked the frequency that their students incorporated the nursing process in patient charts. Most (33%) of the subjects reported that the nursing process was utilized only 1-54% of the time in patient charts (Table 17).

Table 17

Frequency Nursing Process Is Incorporated in Patient Charts

Percentage of time	Subjects' responses	
	Frequency	Percentage
100%	2	11
75 - 99%	4	22
55 - 74%	2	11
1 - 54%	6	33
0%	1	6
No response	<u>3</u>	<u>17</u>
Total	18	100

Only two (11%) of the subjects reported always using the nursing process, while one (6%) reported nonuse of the nursing process in patient charts by nursing students in the hospital where clinical practice is done. There is a greater reported use of the nursing process than nonuse.

The nurse subjects were asked to document the type of nursing process charting format that their nursing students utilized in the hospital's nurses notes where their clinical practice is done. Seven (39%) reported that their students utilized the SOAPE charting format in the hospital's nurses notes (Table 18).

Table 18

Charting Format Used in the Hospital

Format	Subjects' responses	
	Frequency	Percentage
SOAPE	7	39
Traditional/narrative	5	27
Other		
Problem-oriented nursing record	3	17
Nursing care plan	2	11
No response	<u>1</u>	<u>6</u>
Total	18	100

Ninety-four percent of the nurse educators taught their nursing students to utilize a charting format in nurses' notes. Twelve (67%) nurse educators encourage students to utilize a form of the nursing process, i.e., SOAPE, problem-oriented charting, or nursing care plan.

Research Question 2

Research question 2 was: What information regarding nursing diagnosis do nurse educators report is included in their South African university-based nursing school curriculum? Nine questionnaire items (Appendix F) were designed to obtain the data to answer research question 2. The first item determined the use of nursing diagnosis. Twelve (67%) subjects reported that they utilized nursing diagnoses (Table 19).

Table 19

Nursing Diagnosis Usage in the School's Curriculum

Nursing diagnosis utilized	Subjects' responses	
	Frequency	Percentage
Yes	12	67
No	5	28
No response	<u>1</u>	<u>5</u>
Total	18	100

Only those subjects (28%) who denied using nursing diagnoses in their curriculum were asked to respond to three suggested reasons why nursing diagnoses were not incorporated in the school's curriculum. Space was available to write other reasons for not utilizing nursing diagnoses. The subjects were directed to choose more than one answer in order to identify all possible reasons the school's curriculum did not utilize nursing diagnoses. The responses were rank ordered. The percentages were calculated based on sample size and frequency with which each reason was selected. As a result, the percentages totaled greater than 100% due to multiple selection made by the respondents (Table 20).

The reason most often (60%) given for why the school's curriculum did not utilize nursing diagnoses was the view that nursing diagnoses are not well understood by the nursing staff. No subjects selected the response that it is not within the realm of nursing to diagnose. Four subjects reported their own reasons for why their school's curriculum did not utilize nursing diagnoses. The majority (60%) of the subjects who do not utilize nursing diagnosis made reference to the view that the concept is not well understood by hospital nursing staff or nurse educators (Table 20).

Table 20

Reasons Nursing Diagnoses Are Not Incorporated in the
School's Curriculum

Reasons	Subjects' responses	
	Frequency	Percentage
The concept of nursing diagnosis is not well understood by the hospital nursing staff.	3	60
The hospitals do not require the nurses to formulate a nursing diagnosis.	1	20
It is not within the realm of nursing to diagnose.	0	0
Other		
"Present available literature does not give the answers."	1	2
"One would rather think in terms of specific nursing problems to be solved."	1	20
"My students can learn this in theory but do need practice in clinical."	1	20
"Mayers does not differentiate between patient problems and nursing diagnosis."	1	20

n = 5.

Note: Some subjects provided more than one response.

The subjects who did not utilize nursing diagnoses in their school's curriculum were asked to designate plans to use or not use nursing diagnoses in the school's curriculum. Of the five subjects who did not respond to utilization of nursing diagnosis, the majority (60%) reported that there were no plans to include nursing diagnoses in the school's curriculum (Table 21).

Table 21

Plans to Include Nursing Diagnosis in the School's Curriculum

Nursing diagnosis planned	Subjects' responses	
	Frequency	Percentage
Yes	2	40
No	<u>3</u>	<u>60</u>
Total	5	100

n = 5.

One comparison was evident between the reasons for utilizing nursing diagnoses and plans to include use of the concept in the school's curriculum. Two of the subjects who believed that the concept of nursing diagnoses was not well understood by hospital staff also reported that there were no plans to include nursing diagnoses in their school's curriculum. In all, the

majority (60%) of the nurse educators who did not utilize nursing diagnoses in their school's curriculum reported that there were no plans to include the concept in their school's curriculum. Since the rest of the questionnaire pertained to utilization of the nursing diagnoses, the five nurse educators who did not incorporate nursing diagnoses in their school's curriculum were asked to return the questionnaire in the pre-stamped, addressed envelope upon completion of question 15.

The subjects ($n = 13$) who responded yes to utilization of nursing diagnoses in their school's curriculum were asked to write the accepted definition of nursing diagnoses for use in their program objectives.

Examination of the various definitions revealed some commonalities. The common aims are rank ordered in Table 22.

Seven (54%) of the definitions included the term patient problem oriented. The three simplest definitions of nursing diagnoses were merely responses that the concept referred to the patient's problem. Another definition extended this phrase to be defined as "a list of all the problems of the client as identified by the nurse." Two of the three definitions also included similar descriptions of the problem which incorporated the

Table 22

Terms Used in Definitions of Nursing Diagnoses

Terms	Subjects' responses	
	Frequency	Percentage
Patient problem oriented	7	54
Nursing problem oriented	3	23
Patient label	1	8
No response	<u>2</u>	<u>15</u>
Total	13	100

n = 13.

imbalance of physical, social, mental, spiritual, or psychosocial aspects of a patient. Further, another definition included under the term patient problem was: "A nursing diagnosis is the activity identified of unmet patient problems and related nursing problems a patient presents with after systematic collection of facts have been done by the nurse." One definition included a specific view of the patient problem. "Unusual problems are predicted or frequently occurring among patients with a given diagnosis. The usual problem is one of the critical elements. It is a difficulty or concern that is atypical or unusual or when a patient is not coping satisfactorily."

In addition, another term, nursing problem oriented, was extracted from three (23%) of the nursing diagnosis definitions. One subject defined nursing diagnosis as, "A statement of present or potential problems that require nursing interventions in order to be resolved or lessened." Two subjects included that the nursing diagnosis was a statement made by the nurse in relation to patients' problems. Lastly, the term, patient label, was extracted from one (8%) definition--"A label for a client or patient condition that nurses are able and legally responsible to treat."

In summary, over half (85%) of the subjects who utilized nursing diagnosis in their curriculum gave a definition of the concept. There were three terms extracted from the definitions, and two of them included the word problem. The majority (54%) of the definitions provided by the subjects were "patient problem oriented" (Table 22).

The subjects who utilized nursing diagnosis in their curriculum wrote definitions for nursing diagnoses accepted for use in their program objectives. These subjects were asked to give two examples of nursing diagnoses that reflected their definition of nursing diagnosis. The 13 subjects gave a combined total of 23

nursing diagnoses. The structural format of these 23 examples were examined. The four components used to examine nursing diagnostic statements are patient response, etiology, a related-to phrase, and one component. The patient response is defined by the researcher as a reaction, any behavior by the patient resulting from a stimulus. The etiology of the response is defined by the researcher as the cause or stimulus of a behavior. The related-to phrase refers to the joining statement of the patient response and etiology component. Component one refers to a single statement of patient or etiology response in the diagnostic statement. Also, the arrangement of the definition was classified by the researcher into nursing or medical dependent categories; however, the components were not specifically classified by the instructors in their definitions.

Eighteen of the 23 examples were responses or etiological components only. The statements contained one of the two components and did not have a joining term, i.e., related to. See Table 23 for a list of these 18 examples.

Two components were identified in 5 of the 23 diagnostic statements offered as examples. There were terms in each statement to relate the components. A term

Table 23

Specific Diagnostic Statements Containing One Component

 Component 1

Possible financial problems

Edema (pitting) of both legs

Disoriented to person, time and place

Inability to eat a full diet

The patient has pain, is restless and has difficulty
breathing

Impaired skin integrity

Potential dehydration

Physical: loss of sensation in both legs

Psychological: anxious

Social: low socioeconomic status

Pressure sores

Breathlessness

Alteration in bowel elimination

Retention of urine

Constipation

Difficulty in breathing

Hypertension

Usual problem--dyspnea in cardiac failure

Note: Thirteen subjects wrote nursing diagnostic statements.

terms in each statement to relate the components. A term relating the two components was always positioned in the middle of the diagnostic statement. Table 24 presents the five statements that had two components listed.

In summary, only four (30%) of the subjects who utilize nursing diagnosis in their curriculum wrote a patient response term and etiology response as an example for nursing diagnoses. In comparison, the majority, which included nine (70%) nurse educators, wrote one component diagnostic statement as an example for the definition of nursing diagnoses.

In addition, the content of the diagnostic statements defined by the nurse educators was examined by the researcher. The diagnoses were arbitrarily classified as medical oriented, nursing oriented, or nursing but medically dependent by the following criteria. A diagnosis of nursing content consisted of a patient problem that could be resolved by nursing intervention. Nine of the 23 examples were nursing oriented. The following is a list of these nine examples.

1. Stress and anxiety due to lack of knowledge.
2. Potential skin breakdown due to immobility.
3. Unusual problem--anxiety and depression due to stress.

Table 24

Specific Diagnostic Statements Containing Two Components

Patient Response	Term	Etiology
Stress and anxiety	due to	lack of knowledge
Potential skin breakdown	due to	immobility
Inability to move an arm	as a result of	paralysis
Altered ability to perform activities of daily living	related to	CVA
Unusual problem-- anxiety and depression	due to	stress

Note. Thirteen subjects wrote nursing diagnostic statements.

4. Possible financial problems.
5. Disoriented to person, time, and place.
6. Psychological: anxious.
7. Social. Low socioeconomic status.
8. Inability to eat a full diet.
9. Potential dehydration

If any component of the diagnostic statement lent itself to nursing intervention in the opinion of the investigator, it was classified as nursing oriented. A diagnosis of medical content consisted of a patient

problem that is resolved by medical or surgical procedures, drugs, or treatments requiring the knowledge of a physician. Nine of the 23 examples were medically oriented. The following is a list of these nine examples.

1. Inability to move an arm as a result of paralysis.
2. Altered ability to perform activities of daily living related to CVA.
3. Edema (pitting) of both legs.
4. The patient has pain, is dispnoeic and restless.
5. Physical: loss of sensation in both legs.
6. Breathlessness.
7. Retention of urine.
8. Hypertension.
9. Usual problem--dyspnea in cardiac failure.

If any component of the diagnostic statement lent itself to physician intervention in the opinion of the investigator, it was classified as medically oriented. If any component of the diagnostic statement lent itself to nursing but was medically dependent, it was classified as nurse-medical oriented.

A diagnosis of nursing but medically dependent was a patient problem that can be resolved by nursing but the

specific interventions must be accompanied by a physician's order. Five of the 23 examples were nurse-medical oriented in the opinion of the investigator. The following is a list of these five examples.

1. Impaired skin integrity.
2. Pressure sores.
3. Alteration in bowel elimination.
4. Constipation.
5. Difficulty in breathing.

In summary, diagnoses contained nursing content, medical content, and nursing-medically dependent content. Classifying the diagnostic statement gives additional characteristics of the South African nurse educator's definitions of nursing diagnosis.

Those subjects who reported that nursing diagnoses were used in their curriculum were asked to report the reasons their schools incorporate nursing diagnoses into their curriculum. The percentages totaled greater than 100% due to multiple selections made by respondents. All of the 13 subjects responded to this question. The reasons most often selected by the subjects reasons was that nursing diagnosis gives direction for nursing care (92%) and nursing diagnosis improves the quality of patient care (92%) (Table 25).

The reasons most often selected are directly related to patient care. For example, nursing diagnosis gives direction for nursing care, and nursing diagnosis improves the quality of patient care. Reasons indirectly related to patient care such as (a) nursing diagnosis facilitates communication between nursing and non-nursing personnel, (b) nursing diagnosis is part of the standard for nursing practice, (c) nursing diagnosis is essential to build a body of knowledge, (d) nursing diagnosis is the legal responsibility of the licensed nurse, and (e) nursing diagnosis is used to implement nursing trends, were selected but with a lesser frequency (Table 25).

The subjects who utilized nursing diagnoses in their curriculum were asked to identify experts whose publications were utilized to help teach nursing diagnoses in their school's program. The responses are rank ordered both in the original response section and the section of authors listed by the subjects. The percentages totaled greater than 100% due to multiple selections made by the respondents. Nine (70%) of the subjects identified authors not listed in the original response alternatives. The authors utilized most often (60%) to teach nursing diagnoses were Little and Carnevali. Munding and Campbell were not identified (Table 26).

Table 25

Reasons Nursing Diagnoses Are Incorporated in the School's Curriculum

Reasons	Subjects' responses	
	Frequency	Percentage
Nursing diagnoses are essential to build a body of knowledge.	8	62
Nursing diagnosis will give direction for nursing care	12	92
Nursing diagnoses improve the quality of patient care.	12	92
Nursing diagnosis is the legal responsibility of the licensed nurse.	5	38
Nursing diagnosis is part of the standard for nursing practice as published by the South African Nursing Council.	0	0
Nursing diagnosis is used in order to implement the newest nursing trends into practice.	2	15
Other		
"Aids in the final diagnosis made by the doctor and treatment he might prescribe."	1	8

n = 13.

Note. Some subjects answered more than one response.

Table 26

Publications Used by Experts to Teach Nursing Diagnosis

Name	Subjects' responses	
	Frequency	Percentage
Little & Carnevali	3	23
Gordon	2	15
Gebbie & Lavin	2	15
None	2	15
Mundinger	0	0
Campbell	0	0
Other (authors as listed by the instructors:		
Miles	2	15
Yura & Walsh	2	15
Brunner & Suddarth	1	8
Luckman & Sorenson	1	8
Baer	1	8
Marriner	1	8
LaMonica	1	8
Kratz	1	8
Atkinson & Murray	1	8
Mayers	1	8

$\underline{n} = 13.$

Note. Some subjects gave more than one response.

In addition, nine subjects listed 10 authors not listed on the questionnaire response alternatives. Some of the new names were listed more than once. Two (15%) nurse educators identified Miles as an expert whose publications were utilized to teach the nursing diagnoses. Miles is not listed as an American author (Bowker, 1985). Also, two (15%) subjects identified Yura and Walsh as experts whose publications were utilized to teach nursing diagnoses. Both authors have American publications (Bowker, 1985). Bowker identified the following authors listed once as having American publications: Brunner and Suddarth, Luckman and Sorenson, Marriner, La Monica, Kratz, Atkinson and Murray, and Mayers. Baer does not have an American publication. In summary, the majority eight (62%) of the additional authors identified by the South African nurse educators have American publications.

The subjects were asked to report places in which nursing diagnoses are incorporated in clinical practice by their student nurses. The responses are rank ordered. The percentages totaled greater than 100% due to multiple selections made by respondents (Table 27).

All thirteen (100%) subjects who reported use of nursing diagnosis in their curriculum responded. One nurse educator listed an additional place in which nursing

Table 27

Places in Which Nursing Diagnoses Are Incorporated in
Clinical Practice

Places	Subjects' responses	
	Frequency	Percentage
Kardex	7	54
Nurses' notes	7	54
Nursing care plan	7	54
Nursing shift report	4	31
Other		
Problem-oriented nursing record	1	8

n = 13.

Note. Some subjects gave more than one response.

diagnoses are incorporated other than those listed in the original response alternatives. The most frequent responses in regard to the places in which nursing diagnosis is incorporated in clinical practice was tied in frequency (54%)--kardex, nurses' notes, and nursing care plan (Table 27).

None of the subjects reported consistent use of nursing diagnoses in patient charts by nursing students in the hospital where their clinical practice is done (Table

28). There is a greater reported inconsistent use (89%) than consistent use of nursing diagnoses.

Table 28

Frequency Nursing Diagnoses Are Incorporated in Patient Charts

Percentage of time	Subjects' responses	
	Frequency	Percentage
100%	0	0
75 - 99%	3	23
55 - 74%	6	46
1 - 54%	2	15
0%	1	8
No response	<u>1</u>	<u>8</u>
Total	13	100

n = 13.

Summary of Findings

The findings of this study are as follows:

1. One hundred percent of the sample reported use of the nursing process in their school's curriculum.

2. The majority (72%) of the nurse educators utilized the phrases, scientific system and orderly system, in their definitions of nursing process.

Eight-nine percent of the nurse educators utilized the term system within their definitions.

3. The majority (83%) of the nurse educators utilize four or five steps in the nursing process taught to their students.

4. One-hundred percent of the sample reported use of assessment, planning, implementation, and evaluation as steps incorporated in the nursing process taught to their students. Fifty-six percent used diagnosis as a step stated as "recording."

5. All of the subjects listed clinical examples for the following steps in the nursing process: diagnoses, planning, implementation, evaluation, and recording. There were no commonalities of the examples listed by the subjects.

6. The reasons most often selected for using the nursing process were directly related to patient care. Reasons indirectly related to patient care were selected but at a lesser frequency.

7. South African nurse educators utilize more American publications than non-American publications related to the nursing process. Specifically, the majority (72%) of the nurse educators responded to

utilization of the publications of Yura and Walsh related to the nursing process.

8. The most frequent (72%) place in which the nursing process was incorporated in clinical practice by student nurses was the nurses' notes.

9. The majority (67%) of nurse educators reported inconsistent use of the nursing process in patient charts or the school curriculum. Only 11% consistently utilized the nursing process.

10. Almost all (94%) of the nurse educators in the sample teach their nursing students to utilize a charting format in their nurses' notes. The predominate mode of charting was the SOAPE format.

11. Eighty percent of the sample used nursing diagnoses in their school's curriculum.

12. Of those nurse educators who did not incorporate nursing diagnosis in the school's curriculum, the majority (60%) reported that nursing diagnosis is not well understood by the hospital nursing staff where the students do their clinical practice. The additional responses reported by the nurse educators involved lack of information about nursing diagnoses.

13. Of those nurse educators who did not utilize nursing diagnoses in the school's curriculum, the majority

(60%) reported that there were no plans to utilize nursing diagnoses in the future. Two nurse educators who reported no plans also reported that nursing diagnoses were not well understood by the hospital staff where their students do their clinical practice.

14. Common phrases (terms) were extracted from the definitions of those diagnoses applied by the respondents. The majority (70%) of the definitions included the term patient problem oriented, 20% included the phrase nursing problem oriented, and 8% included patient label as terms in the nursing diagnostic statements of the nurse educators. The majority (70%) of the definitions were patient problem oriented.

15. Of those nurse educators who utilize nursing diagnosis in their school's curriculum, over half listed one component as the structure. One-fourth of the statements contained two components accompanied by a phrase connecting the two components.

16. Of those nurse educators who utilize nursing diagnoses in their school's curriculum, the statements reflected nursing content, medical content, and or nursing-medically dependent content.

17. The reason most often given for why nursing diagnoses were used in the curriculum were directly

related to patient care. Reasons indirectly related to patient care were selected but at a lesser frequency.

18. South African nurse educators utilize more American publications than non-American publications related to nursing diagnoses. Specifically, the majority (60%) of the nurses who utilize nursing diagnoses in their program reported use of publications by Little and Carnevali (1967).

19. Of the nurse educators who utilize nursing diagnoses in their school's curriculum, the most frequent places in which nursing diagnoses were incorporated in clinical practice by their student nurses tied in frequency (54%)--kardex, nurses' notes, and nursing care plans.

20. Of those nurse educators who utilize nursing diagnoses in their school's curriculum, the majority (84%) reported inconsistent use of nursing diagnoses in patients' charts or school curricula. None of the nurse educators reported consistent use of nursing diagnoses in their school curricula or patients' charts.

CHAPTER V

SUMMARY OF THE STUDY

A descriptive study was conducted to describe the use of nursing diagnosis and nursing process in programs of university-based nursing schools located in South Africa. This chapter includes a summary of the study, a discussion of the findings, conclusions, and implications. The chapter concludes with recommendations for future research relevant to this investigation.

Summary

The problem of the study was to describe the use of nursing diagnosis and nursing process in programs of university-based nursing schools located in South Africa as perceived by nurse educators. The purpose of the study was to research the South African nurses' use of nursing process and nursing diagnosis. American nurses can add to their knowledge about nursing diagnosis and nursing process by researching the use of these concepts in a country other than the United States.

A review of the literature was conducted in the following related areas: (a) the need to study nursing

practices in countries outside of the United States, (b) the nursing process in relation to its historical perspective, purposes, and definitions, (c) nursing diagnosis in relation to its historical perspective purposes: definitions and structural format, and (d) South Africa's use of nursing process and nursing diagnosis. The related research emphasized the advantages and needs of nursing diagnosis and the nursing process in American nursing. The South African nursing literature revealed limited discussion of the concepts of nursing process and nursing diagnosis.

A descriptive method of research was utilized in this study. A modified research questionnaire from Burrows' (1982) nursing diagnosis research questionnaire was mailed to 16 South African university-based nursing schools to obtain data that would describe the use of nursing diagnosis and nursing process by nurse educators in South Africa. The research questionnaire consisted of 18 multiple response alternative questions and three open-ended questions. The questions were designed to answer the following research questions.

1. What information regarding nursing process do nurse educators report is included in their South African university-based nursing school curriculum?

2. What information regarding nursing diagnosis do nurse educators report is included in their South African university-based nursing school curriculum?

The population for the study was the nurse educators from the 16 university-based nursing schools listed by the South African Nursing Association. The accessible population consisted of 32 nurse educators, two selected by the Head of the Department of Nursing from each of the 16 schools. The sample consisted of those nurse educators who returned the research questionnaires. Twenty-seven (84%) sets of research questionnaires were returned, and 18 (56%) were completed. Therefore, the sample size consisted of 18 South African nurse educators from 16 university-based nursing schools.

Descriptive statistics, such as frequencies and percentages, were utilized to summarize and describe the data. The findings regarding the use of the nursing process were:

1. All of the sample reported use of the nursing process in their school's curriculum.

2. The nurse educators utilized the terms, scientific system, orderly system, or system, in their definitions of nursing process.

3. The majority (83%) of nurse educators utilized four or five steps in the nursing process taught to their students.

4. All of the sample reported use of assessment, planning, implementation, evaluation, and 56% use nursing diagnosis as steps incorporated in the nursing process taught to their students.

5. The reasons most often selected for using the nursing process were directly related to patient care.

6. The majority (72%) of the subjects utilized American literature to learn about the nursing process.

7. The most frequent (72%) places in which the nursing process was incorporated in clinical practice by their student nurses was the nurses' notes.

In summary, the majority (67%) reported inconsistent use of the nursing process in patients' charts or school curriculum.

The findings of the use of nursing diagnosis were:

1. Approximately three-fourths of the sample reported nonuse of nursing diagnosis in their school's curriculum.

2. Of those subjects who did not utilize nursing diagnoses in the school's curriculum, the majority (60%) reported that nursing diagnosis is not well understood by

the hospital nursing staff where the students perform their clinical practice. Also, the majority reported that there were no plans to utilize nursing diagnoses in the future.

3. Of those subjects who utilize nursing diagnoses in the school's curriculum, the majority (69%) of the definitions included the phrase patient problem oriented, and over half of the diagnostic statements contained one phrase.

4. The majority (69%) of the subjects utilized American literature to learn about nursing diagnosis.

5. The reasons most often reported for the use of nursing diagnoses in the school's curriculum were directly related to patient care. Nursing diagnoses were utilized in the kardex, nurses' notes, or nursing care plans.

In summary, the majority (84%) of nurse educators who utilize nursing diagnosis reported inconsistent use of nursing diagnoses in their school's curriculum or patient charts.

Discussion of Findings

The findings of this study are relevant to the justification and review of literature presented at the onset of this study. Gordon (1980) stated, "There is a great

variability in the implementation of nursing diagnosis in practice and education" (p. 85). Griffith and Christensen (1982) emphasized the importance of the nursing process. "In nursing practice, nurses' roles are independent, interdependent, and dependent. The nursing process enhances each of the three roles for the client's benefit" (p. 4). Consistent with the review of American literature, the present study revealed that South African nurses report a limited use of nursing process and nursing diagnosis both in education and clinical practice.

In the review of American literature, Campbell (1978), Gordon (1980), and Lewis (1978) identified the following concepts as steps in the nursing process: (a) assessment, (b) nursing diagnosis, (c) planning, (d) implementation, and (e) evaluation. Miles (1978) emphasized that (a) assessment, (b) planning, (c) implementation, and (d) evaluation were steps utilized in the nursing process in South Africa. The findings of the present study support the literature. The majority of the subjects in the study listed recording as the last step in the nursing process.

The American literature did not specifically list recording as a step in the nursing process although there was reference by Yura and Walsh (1978) that the SOAPE

(subjective, objective, assessment, planning, and evaluation), documentation method was utilized in the problem-oriented medical record. Consistent with the American literature, the study showed that South African nurses predominantly utilize the SOAPE format as a documentation method.

Little and Carnevali (1976) stated that an accurate nursing diagnosis can give direction for the management of nursing care for the patient. Also Smith (1968) recognized that the nursing process encouraged nurses to become more involved with patient care. The present study revealed that nursing process and nursing diagnosis were utilized by South African nurses to improve the quality of patient care.

In contrast, the American literature (Burrows, 1982; Field, 1979; Roper et al., 1983) revealed that nursing diagnosis and nursing process were not utilized frequently due to a lack of understanding of the concepts and limited time to implement them in practice. The findings of this study revealed that inadequate understanding of nursing diagnoses was a common reason nursing diagnoses were not utilized by South African nurses. Also, Munding and Jauron (1975) discovered that nursing diagnosis was

vaguely understood and often not used by their nursing staff.

The subjects' lack of understanding of nursing diagnoses could be influenced by the multiple definitions found in the American literature (Campbell, 1978; Chambers, 1962; Gebbie & Lavin, 1975; Gordon, 1982). The study revealed that South African nurse educators were heavily influenced by American literature. De la Cuesta (1983) reported that the American literature concerned with the nursing process is greater than any other country. American literature utilized by the subjects was not from primary sources but usually from textbooks. One might speculate that the reason for the lack of agreement between the nursing diagnoses definitions and the nursing process definitions in the present study is related to the use of many American secondary sources by South African nurse educators and also the fact that primary sources may not be readily available in South Africa.

The study revealed diverse definitions of nursing diagnosis and nursing process although most of the nursing diagnosis definitions in the study included the phrase patient problem. This can be contrasted to the American literature, Bircher (1975), Gordon (1982), and Mundinger and Jauron (1975) that defines nursing diagnosis as an

unhealthful response of the patient which nurses, by virtue of their education and experience, are capable and licensed to treat.

In addition, the study showed that the majority of the nursing process definitions included the phrases scientific system and orderly system. Lewis' (1978) definition of nursing process supported the study's findings. Lewis stated, "Nursing process refers to the orderly operations associated with all phases of providing nursing care" (p. 1). Also, Marriner's (1983) definition supported the findings of the study's nursing process definition. Marriner defined the nursing process as the application of scientific problem solving to nursing care. It was difficult to ascertain from the South African literature the definition of nursing process.

The South African literature did discuss the structure of nursing diagnosis. Specifically, Larsen (1978) reported nursing diagnosis as a single phrase category. This study supported Larsen in that the majority of South African nurse educators utilize a single phrase nursing diagnosis. Occasionally, there were examples that revealed the use of two phrases connected by a related-to term. Also, the study revealed that the South African nursing diagnoses content reflected either medical or

nursing content. The varied structural formats of nursing diagnosis in South Africa could be a result of the lack of agreement of nursing diagnoses structure in the American literature.

Gordon (1982) described nursing diagnosis as two phrases connected by the related-to term. When a nurse describes a client's condition as "impaired mobility related to decreased activity tolerance, a diagnostic category is being used." (Gordon, 1982, p. 2). In contrast, Burrows (1982) found that nurse administrators in the southwestern region of the United States frequently utilized one phrase for a diagnostic statement. The American literature (Campbell, 1978; Gordon, 1980, 1982; Mundinger & Jauron, 1975) discussed the structural component of nursing diagnosis as including nursing content in two-phase connected with related-to term format. Since this study consisted of a small sample of South African nurse educators, the subjects may have read different meanings into the research questions due to cultural difference in the use of the English language.

Conclusions and Implications

Conclusions based on the findings of the study and suggested appropriate use of the outcomes are presented.

The findings of this study are based on information described by nurse educators from university-based nursing schools in South Africa regarding nursing diagnoses and the nursing process.

1. Nursing process and nursing diagnosis are utilized in a country outside the United States.
2. American literature is utilized to learn about nursing diagnoses and nursing process in a country outside the United States.
3. There is no standardized way of writing the nursing diagnostic statement in South Africa.

The following implications can be drawn from this study.

1. The components of nursing diagnosis and nursing process should be standardized to increase the use of the concepts in nursing service and nursing education in both American and other countries.
2. Particular emphasis should be placed on forming a universally-acceptable operational definition of nursing process and nursing diagnosis to give continuity to the concepts universally.

Recommendations for Further Study

Based on the findings of this study, the following recommendations for future studies were made.

1. This study should be replicated in countries outside of the United States to investigate their knowledge about nursing diagnosis and nursing process.

2. An experimental study should be conducted to determine the use of nursing diagnoses and the nursing process in nursing service and nursing education in countries other than the United States.

3. A study designed to develop a universally accepted operational definition of nursing process and nursing diagnosis should be conducted.

REFERENCE LIST

- Abdellah, F. G. (1957). Methods of identifying covert aspects of nursing problems. Nursing Research, 6, 4-23.
- Amin, A. E. (1984). Cross-cultural awareness: A nursing imperative. International Nursing Review, 31, 9-10.
- Berni, R. (1978). The problem-oriented record. In A. Marriner (Ed.), The nursing process: A scientific approach to nursing care (3rd ed.) (pp. 93-94). St. Louis: C. V. Mosby.
- Bircher, A. U. (1975). On the development and classification of diagnoses. Nursing Forum, 14, 10-29.
- Bowker, R. R. Co. (1985). Books in print (Vols. 1-3). New York: Author.
- Brown, M. M. (1974). The epidemiologic approach to the study of clinical nursing diagnosis. Nursing Forum, 13(4), 346-359.
- Burrows, D. (1982). Nursing diagnosis utilization in the Southwest United States. Unpublished master's thesis, Texas Woman's University, Denton, TX.
- Campbell, C. (1978). Nursing diagnosis and intervention in practice. New York: John Wiley.
- Carlson, S. (1972). A practical approach to the nursing process. In M. H. Browning & P. L. Minehan (Eds.), Contemporary nursing series: The nursing process in practice (pp. 20-26). New York: American Journal of Nursing.
- Chambers, W. (1962). Nursing diagnosis. American Journal of Nursing, 62(11), 102-104.

- Cicuca, R. L. (1972). Over the years with the nursing care plan. In M. H. Browning and P. L. Minehan (Eds.), Contemporary nursing series: The nursing process in practice (pp. 223-233). New York: American Journal of Nursing.
- Column, C. (1983). Nurses are working up at last. Nursing Mirror, 157(5), 37.
- DeChesnay, M. (1979). Cross-cultural research: Advantages and disadvantages. International Nursing Review, 30, 21-23.
- De la Cuesta, C. (1983). The nursing process: From development to implementation. Journal of Advanced Nursing, 8, 365-371.
- Dossey, B., & Guzzetta, C. (1981). Nursing diagnosis. Nursing 81, 11(6), 34-38.
- Durand, M., & Prince, R. (1966). Nursing diagnosis: Process and decision. Nursing Forum, 5(4), 50-64.
- Ecklebarry, G. (1971). Administration of comprehensive nursing: The nature of professional practice. New York: Appleton-Century-Crofts.
- Field, L. (1979). The implementation of nursing diagnosis in clinical practice. Nursing Clinics of North America, 14, 497-508.
- Gebbie, K. M., & Lavin, M. L. (Eds.), 1975. Classification of nursing diagnoses: Proceeding of the first national conference. New York: C. V. Mosby.
- Gordon, M. (1976). Nursing diagnoses and the diagnostic process. American Journal of Nursing, 76, 1298-1300.
- Gordon, M. (1980). Determining study topics. Nursing Research, 29(2), 83-87.
- Gordon, M. (1982). Nursing diagnosis: Process and application. New York: McGraw-Hill.

- Gordon, M., & Sweeny, M. A. (1979). Methodological problems and issues in identifying and standardizing nursing diagnosis. Advances in Nursing Science, 2, 1-15.
- Griffith, J. W., & Christensen, P. J. (1982). Nursing process. St. Louis: C. V. Mosby.
- Guzzetta, C. E., & Forsyth, G. L. (1979). Nursing diagnostic pilot study: Psychophysiologic stress. Advances in Nursing Science, 2, 27-44.
- Harrington, D. C. (1980). Continual assessment of student nurses. Curationis, 2(4), 27-32.
- Henderson, V. (1973). On nursing care plans and their history. In M. H. Browning & P. L. Minehan (Eds.), Contemporary nursing series: The nursing process in practice (pp. 235-237). New York: American Journal of Nursing.
- Jones, P., & Jakob, D.F. (1982). Nursing diagnosis: Differentiating fear and anxiety. Nursing Papers Perspectives in Nursing, 13(4), 19-29.
- Kelly, K. J. (1966). Clinical inference in nursing: A nurse's viewpoint. Nursing Research, 15(2), 23-26.
- Komorita, N. (1963). Nursing diagnoses. American Journal of Nursing, 63(12), 83-86.
- Larsen, J. V. (1978). Problem-oriented antenatal note-keeping: A useful primary health care tool. Curationis, 1(3), 38-40.
- Law, E. M. (1979). Providing a framework. Nursing Times, 79(4), 34-38.
- Leininger, M. (1984). Transcultural nursing: An overview. Nursing Outlook, 32(2), 72-73.
- Lewis, L. (1968). This I believe . . . about the nursing process key to care. In M. H. Browning & P. L. Minehan (Eds.), Contemporary nursing series: The nursing process in practice (pp. 12-19). New York: American Journal of Nursing.

- Lewis, L. (1978). Planning patient care (2nd ed.). Dubuque, IA: Wm. C. Brown.
- Little, D. E., & Carnevali, D. L. (1967). Nursing care plans: Let's be practical about them. In A. Marriner (Ed.), The nursing process: A scientific approach to nursing care (3rd ed.) (pp. 147-154). St. Louis: C. V. Mosby.
- Little, D. E., & Carnevali, D. L. (1976). Nursing care planning (2nd ed.). Philadelphia: J. B. Lippincott.
- Manthey, M. (1973). Primary nursing is alive and well in the hospital. In M. H. Browning & P. L. Minehan (Eds.), Contemporary nursing series: The nursing process in practice (pp. 37-45). New York: American Journal of Nursing.
- Marriner, A. (1983). The nursing process: A scientific approach to nursing care. St. Louis: C. V. Mosby.
- Mashaba, T. G. (1981). The composition of the nursing profession in South Africa in the mid-seventies and its implications for provision of health care. Journal of Advanced Nursing, 6, 339-347.
- Mauksch, I. G., & David, M. L. (1972). Prescription for survival. In M. H. Browning & P. L. Minehan (Eds.), Contemporary nursing series: The nursing process in practice (pp. 1-11). New York: American Journal of Nursing.
- McNeill, D. E. (1983). Developing the complete computer based information system. In A. Marriner (Ed.), The nursing process: A scientific approach to nursing care (3rd ed.), (pp. 67-83). St. Louis: C. V. Mosby
- Mellish, J. M. (1977). Nursing education today. South African Nursing Journal, 44(3), 6-8.
- Mellish, J. M. (1978). Towards the eighties: Nursing education in perspective. Curationis, 1(1), 13-17.
- Miles, I. M. (1978). Educational technology and resource-based learning as applied to nursing education. Curationis, 7(2), 36-41.

- Mundinger, M. O. (1980). Autonomy in nursing. Baltimore: Aspen Systems.
- Mundinger, M., & Jauron, G. (1975). Developing a nursing diagnosis. Nursing Outlook, 23(2), 94-98.
- Orlando, I. J. (1961). The dynamic nurse-patient relationship. New York: G. P. Putnam.
- Orlando, I. J. (1972). The discipline and teaching of nursing process. New York: G. P. Putnam.
- Polit, D., & Hungler, B. (1983). Nursing research principles and methods (2nd ed.). Philadelphia: J. B. Lippincott.
- Putzier, D. J., & Padrick, K. P. (1984). Nursing diagnosis: A component of nursing process and decision making. Topics in Clinical Nursing, 5(4), 21-28.
- Roper, N., Logan, W., & Tierney, A. (1983). Is there a danger of processing patients? Nursing Mirror, 156(22), 32-33.
- Rossi, L. (1984). Letters to the editors. Heart and Lung, 13(2), 210-211.
- Rossi, L. P. & Haines, V. M. (1979). Nursing diagnosis related to acute M. I. Cardiovascular Nursing, 15(3), 11-15.
- Rothberg, J. S. (1975). Why nursing diagnosis? American Journal of Nursing, 67(5), 1040-1042.
- Roy, Sister C. (1975). A diagnostic classification system for nursing. Nursing Outlook, 23(4), 90-94.
- Russell, R. D. (1983). Old ideas still valuable. Journal of School Health, 53(2), 112-115.
- Rutkowski, B. (1984). The nursing approach to better time management. Nursing Life, 4(5), 54-57.

- Searle, C. (1977). Doctoral programmes in nursing in South Africa. South African Nursing Journal, 44(3), 42-43.
- Smith, D. M. (1968). A clinical nursing tool. In M. H. Browning & P. L. Minehan (Eds.), Contemporary nursing series: The nursing process in practice (pp. 157-167). New York: American Journal of Nursing.
- Wagner, B. M. (1969). Care plans: Right reasonable and reachable. In M. H. Browning & P. L. Minehan (Eds.), Contemporary nursing series: The nursing process in practice (pp. 238-246). New York: American Journal of Nursing.
- Wright, L. M., & Leahey, M. (1984). Nurses and families. Philadelphia: F. A. Davis.
- Yoder, M. E. (1984). Nursing diagnosis: Applications in preoperative practice. Association of Operating Room Nurses, 40, 183-188.
- Yura, H., & Walsh, M. B. (1978). The nursing process: Assessing, planning, implementing, evaluating (3rd ed.). New York: Appleton-Century-Crofts.

APPENDICES

APPENDIX A

Letter to South African Nursing Association

LETTER TO SOUTH AFRICAN NURSING ASSOCIATION

May 1, 1984

To Whom This May Concern:

My name is Linda Schwartz. I am a registered nurse and candidate for a Master's degree at Texas Woman's University in Dallas, Texas, U.S.A. My thesis development is under the direction of Dr. Shirley Ziegler, R.N., Ph.D. The thesis topic is a cross-cultural study of South African nursing. To further the research, I need the following information:

1. List of seven or more university-based nursing schools which includes their addresses and name of a person I can contact.
2. A copy of specific standards set up by the South African Association for documentation of patient care.
3. 1983-1984 issues of Nursing News.

I am willing to pay for postage.

I appreciate your time and efforts, and I eagerly await your reply as soon as possible. Please send the above information to the following address:

Thank you again.

Sincerely,

Linda Schwartz, R.N., B.S.N.
Master's Candidate
College of Nursing
Texas Woman's University

APPENDIX B

List of South African Universities Obtained

List of Universities in Southern Africa

1. Professor A. M. Venter
Head of the Department of Nursing
University of the Western Cape
Private Bag X17
7530 BELLVILLE
2. Miss B. N. Hunt
Head of the Department of Nursing
University of Natal
P.O. Box 17039
CONGELLA
4013
3. Professor P. H. Harrison
Head of the Department of Nursing
University of Cape Town
2 Dalston Road
OBSERVATORY
7925
4. Professor C. F. van Niekerk
Head of the Department of Nursing
MEDUNSA
0204
5. Professor I. Venter
Head of the Department of Nursing
University of the Orange Free State
P.O. Box 339
BLOEMFONTEIN
9300
6. Professor M. C. van Huyssteen
Head of the Department of Nursing
Rand Afrikaanse University
P.O. Box 524
JOHANNESBURG
2000
7. Professor S. B. Williamson
Head of the Department of Nursing
University of the Witwatersrand
Medical School
Hospital Street
2001 JOHANNESBURG

8. Professor W. J. Kotze
Head of the Department of Nursing
University of Port Elizabeth
P.O. Box 1600
6000 PORT ELIZABETH
9. Professor I. M. Hofmeyr
Head of the Department of Nursing
University of Stellenbosch
P.O. Box 63
TYGERBURG
7505
10. Professor E. Coertse
Head of the Department of Nursing
Potchefstroom University for CHE
POTCHEFSTROOM
2520
11. Professor C. Searle
Head of the Department of Nursing
UNISA
P.O. Box 392
PRETORIA
0001
12. Mrs. T. G. Mashaba
Head of the Department of Nursing
University of Zululand
Private Bag
KWADLANGEZWA
3886
13. Head of the Department of Nursing
University of the North
Private Bag X5090
PIETERSBURG
0700
14. Professor J. G. P. van Niekerk
Head of the Department of Nursing
University of Pretoria
P.O. Box 667
PRETORIA
0001
15. Professor C. Rautenbach
Head of the Department of Nursing
University of Fort Hare
ALICE CISKEI

16. Head of the Department of Nursing
University of Bophuthatswana
Resource Centre
Post Bag X2104
MAFEKING
8670

APPENDIX C

Graduate Office Permission to Conduct Study



Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

September 25, 1984

Ms. Linda Schwartz
8403 Manderville #2176
Dallas, Texas 75231

Dear Ms. Schwartz:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

A handwritten signature in cursive script that reads "Leslie M. Thompson". The signature is written in black ink and is positioned above the printed name and title.

Leslie M. Thompson
Provost

ko

cc Dr. Anne Gudmundsen
Dr. Shirley M. Ziegler

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: Linda Schwartz

_____ and entitled:

NURSING PROCESS AND NURSING DIAGNOSIS UTILIZATION
IN SOUTH AFRICA

Has been read and approved by the members of (his/hers)
Research Committee.

This research is (check one):

 x Is exempt from Human Subjects Review Committee
review because study is questionnaire research with no
identification of subjects' names.

_____ Requires Human Subjects Review Committee review
because _____

Research Committee: Date: 7/30/84

Chairperson, Shirley M. Ziegler

Member Margaret McCleary

Member Beth C. Cloughen-Ward

Dallas Campus x Denton Campus _____ Houston Campus _____

APPENDIX D

Introductory Letter to Universities

INTRODUCTORY LETTER TO UNIVERSITIES

August 30, 1984

Dear

My name is Linda Schwartz. I am a registered nurse and Master's degree candidate at Texas Woman's University College of Nursing. Under the supervision of Dr. Shirley Ziegler, R.N., Ph.D., I am conducting a study to describe South African nurses' use of nursing diagnosis and nursing process as perceived by nurse educators.

Currently, there are many countries that proclaim the importance of expanding nursing knowledge to improve the quality of care for patients. Therefore, there are ongoing research studies devoted to the concept of nursing diagnosis and nursing process. Our profession proclaims the importance of integrating knowledge from other countries for up-to-date knowledge about professional nursing practice; however, all too often this integration is omitted. The purpose of this letter is to invite you to be a participant in a nursing study that will survey the use of nursing diagnosis and nursing process in your school's program as perceived by nurse educators.

The data for this study will be collected in South Africa. All university-based nursing schools and names for their Head of the Department of Nursing selected for this research study came from a list provided by the South African Nursing Association.

The four questionnaires that will aid in data collection for the study are attached to this letter and are designed to obtain the following information: (a) use of nursing process and nursing diagnosis, (b) description of your school, and (c) description of the educator who completes the questionnaires. The Nursing Process and Nursing Diagnosis Research Questionnaire requires approximately 15 minutes to complete. The Demographic Questionnaire requires about 3 minutes to complete. Please ask two licensed nurses at your school who are (a) titled Nurse Educator, (b) have the ability to read,

write, and comprehend English, and (c) teach at least two courses in your nursing program, to each complete one Nursing Process and Nursing Diagnosis Research Questionnaire, and one Demographic Questionnaire, or return them unanswered. I would appreciate the return of the questionnaires within 1 week after you receive them in order that your school's data may be included in the study. Please notify the nurse educators you select for completion of these questionnaires of the date that you received this envelope. Therefore, they will know the needed return date. Two pre-addressed, stamped envelopes are supplied for each of your instructors' convenience. Your instructors will be requested not to include their name or the name of the school on the questionnaire. This is necessary for anonymity. Return of the completed questionnaire is construed as consent for inclusion of the data in this research study.

The data for the study will be handled by the investigator only and described by the use of descriptive statistics. No schools' or educators' names will be identified with the data they supply. I will send an abstract to you upon completion of the study.

Participation of this study is voluntary. There is no penalty or reward attached to participation or nonparticipation. There are no physical or psychological risks involved than those ordinarily encountered in daily life. Personal benefits will be obtained by contributing to the body of nursing knowledge.

Thank you in advance for your contribution to a study expanding the knowledge of nursing diagnosis and nursing process and for setting an example of nurse leadership

willing to promote the nursing profession through valid nursing research.

Respectfully,

Linda Schwartz, R.N., B.S.N.
Master's Candidate
College of Nursing
Texas Woman's University

LS/
Enclosures

P. S. Again, please give the questionnaires to the nurse educators so they can return these research instruments within 1 week after you receive them.

APPENDIX E

Demographic Questionnaire

COMPLETION AND RETURN OF THE QUESTIONNAIRE WILL BE CONSTRUED AS INFORMED CONSENT.

DEMOGRAPHIC QUESTIONNAIRE

Introduction

In Part I, items 1-4 survey information related to the description of your school.

In Part II, items 5-8 survey information related to a description of yourself. Instructions will precede the two groups of questionnaire items.

Part I

Instructions: Please describe your school by responding to the following four items, in the blanks provided after each statement.

1. Minimum number of years required to complete the nursing program in your school. _____
2. Average number of students graduated from your school's nursing program each year. _____
3. Number of students enrolled in your nursing school's program. _____
4. Total number of nursing faculty: Part time _____
Full time _____

Part II

Instructions: The following four items are requested in order to describe the research sample. Please respond in terms of yourself in the blanks provided after each statement.

5. Number of years you have spent as a licensed nurse. _____
6. Subject areas you teach in the nursing program. _____

7. Professional title you presently hold. _____
8. Educational degrees you presently hold. (Please do not abbreviate.)

APPENDIX F

Nursing Process and Nursing Diagnosis Research Questionnaire

COMPLETION AND RETURN OF THE QUESTIONNAIRE WILL BE CONSTRUED AS INFORMED
CONSENT.

NURSING PROCESS AND NURSING DIAGNOSIS
RESEARCH QUESTIONNAIRE

Introduction

In Part I, items 1-12 survey information related to the utilization of the nursing process in your school's curriculum.

In Part II, items 13-21 survey information related to the use of nursing diagnosis in your school's curriculum.

Instructions: Please respond to the items that include alternate responses, with a check (X) in the box that best describes your school's curriculum. If needed, utilize the back of the questionnaire to explain or complete your answers.

Part I

Nursing Process

1. Do you use the nursing process in your school's curriculum?

- Yes If yes, continue to A.
 No If no, continue to B.

A. If your answer to item 1 was "yes", omit items 2 and 3 and continue to item 4.

B. If your answer to item 1 was "no", continue to item 2 and respond to questions 2 and 3 with a (X) in the box that best describes your nursing curriculum.

2. What have you found to be the reason(s) the nursing process is not incorporated into your curriculum? (You may choose more than one answer.)

- The hospitals do not require the nurses to document the nursing process.
 The concept of nursing process is not well understood by the hospital nursing staff.
 The nursing process takes too long to document.
 Other (please explain) _____

8. What have you found to be the reason(s) your school incorporates the nursing process in their curriculum. (You may choose more than one answer.)

- Nursing process is essential to build a body of knowledge.
- Nursing process gives direction for nursing care.
- Nursing process improves the quality of patient care.
- Nursing process is the legal responsibility of the licensed nurse.
- Nursing process facilitates communication between nursing and non-nursing personnel.
- Nursing process is part of the standard for nursing practice as published by the South African Nursing Council.
- Nursing process is used in order to implement the newest nursing trends into practice.
- Other (please specify) _____

9. Which of the following experts' publications do you utilize to help teach the nursing process in your school's curriculum? (You may choose more than one answer.)

- Helen Yura & Mary Walsh
- Lucile Lewis
- Dolores Little & Doris Carnevali
- Ann Marriner
- None
- Other (please list) _____

10. Please check (X) all of the places in which the nursing process is incorporated in clinical practice by your student nurses.

- Kardex
- Nursing care plan
- Nurses notes
- Nursing shift report
- Other (please specify) _____

11. How frequently is the nursing process incorporated in patient charts by the students in the hospital where they do their clinical practice?

- 100% of the time
- 75%-99% of the time
- 55%-74% of the time
- 1%-54% of the time
- 0% of the time

12. What type of nursing process charting format do the nursing students at your school utilize to document in the hospital's nurses notes where they do their clinical practice.

- S.O.A.P.E. charting (Subjective, Objective, Assessment, Plan, Evaluation)
 Traditional/narrative charting format
 Other (please specify) _____
-

Part II

Nursing Diagnosis

13. Do you use nursing diagnosis in your school's curriculum?

- Yes If yes, continue to A.
 No If no, continue to B.

A. If your answer to item 13 was "yes", omit numbers 14 and 15 and continue to item 16.

B. If your answer to item 13 was "no", continue to item 14 and respond to questions 14 and 15 with a (X) in the box that best describes your nursing curriculum.

14. What have you found to be the reason(s) your school does not incorporate the use of nursing diagnosis into their curriculum? (You may choose more than one answer.)

- The concept of nursing diagnosis is not well understood by hospital staff.
 It is not within the realm of nursing to diagnose.
 The hospitals do not require the nurses to formulate a nursing diagnosis.
 Other (please explain) _____
-

15. Are there plans to include nursing diagnosis in your curriculum?

- Yes
 No

Thank you for responding. Please return the questionnaire in the pre-stamped, addressed envelope provided.

16. Respond to item 16 with a written definition of nursing diagnosis accepted for use in your program objectives. objectives? _____

17. Respond to item 17 with two written examples of nursing diagnosis that reflect your definition in item 16. _____

18. What have you found to be the reason(s) your school incorporates nursing diagnosis into their curriculum? (You may choose more than one answer.)

- Nursing diagnoses are essential to build a body of knowledge.
- Nursing diagnoses will give direction for nursing care.
- Nursing diagnoses improve the quality of patient care.
- Nursing diagnosis is the legal responsibility of the licensed nurse.
- Nursing diagnosis facilitates communication between nursing and non-nursing personnel.
- Nursing diagnosis is part of the standard for nursing practice as published by the South African Nursing Council.
- Nursing diagnosis is used in order to implement the newest nursing trends into practice.
- Other (please specify) _____

19. Which of the following experts' publications do you utilize to help teach nursing diagnosis in your school's curriculum? (You may choose more than one answer.)

- Marjory Gordon
- Madilyn Munding
- Kristine Gebbie & Mary Ann Lavin
- Claire Campbell
- Dolores Little & Doris Carnevali
- None
- Others (please list) _____

20. Please check (X) all of the places in which nursing diagnosis is incorporated in clinical practice by your student nurses.

- Kardex
- Nursing care plan
- Nurses notes
- Nursing shift reports
- Other (please specify) _____

21. How frequently are nursing diagnoses written in patient charts by nursing students in the hospital where they do their clinical practice?

- 100% of the time
- 75%-99% of the time
- 55%-74% of the time
- 1%-54% of the time
- 0% of the time

Thank you for responding. Please return the questionnaire in the pre-stamped, addressed envelope provided.

APPENDIX G

Letter to Panel Members

LETTER TO PANEL MEMBERS

August 30, 1984

Dear

Thank you for consenting to participate as a panelist in the validation of my research questionnaire. The questionnaire is designed to obtain data to describe the use of nursing diagnosis and nursing process in programs of university-based nursing schools located in South Africa, as perceived by nurse educators. Two questionnaires will be sent to the Head of Department of Nursing from 16 university-based nursing schools. These administrators will select two nurse educators to complete the research questionnaires. Each nurse educator will answer his/her research questionnaire as to how nursing diagnosis and nursing process are utilized in his/her school's curriculum.

Included in this packet are (a) Nursing Process and Nursing Diagnosis Research Questionnaire, (b) Format Worksheet, and (c) Validity Worksheet, which are needed to complete Task 1 and Task 2.

Task 1. Critique the general structure of the research questionnaire by responding to items 1-4 on the Format Worksheet.

A. Please note the time it takes to complete the research questionnaire.

B. Please respond to both "yes" and "no" alternatives in items 1 and 13 in order to critique the branching throughout the questionnaire.

C. Note the explicitness of the instructions throughout the questionnaire.

D. Note the appropriateness of the order of the questionnaire items.

After the completion of Task 1, continue to Task 2.

Task 2. Critique each questionnaire item in terms of its ability to solicit the information desired by research questions 1 and 2 as stated on the Validity Worksheet.

Please do not include your name on the questionnaire. This is necessary for anonymity.

Within 1 week of receiving this envelope, please return the completed Summary Worksheet, Validity Worksheet, and the Nursing Process and Nursing Diagnosis Research Questionnaire in the pre-stamped, addressed envelope.

Thank you again for assisting me in this study. I look forward to hearing from you as soon as possible.

Sincerely,

Linda Schwartz, R.N., B.S.N.
Master's Candidate
College of Nursing
Texas Woman's University

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APPENDIX H
Validity Worksheet

VALIDITY WORKSHEET

Task 2 Answer Sheet

Instructions: After you complete the Summary Worksheet, content validity will be established on this Validity Worksheet. You will read the research question and then examine the corresponding item from the Nursing Process and Nursing Diagnosis Research Questionnaire to establish content validity. Upon examination of each questionnaire item, please determine if the item has the ability to retrieve the desired information. Please check yes or no when appropriate.

Research Question 1

What information regarding nursing process do nurse educators report is included in their South African university-based nursing school curriculum?

1. Will the questionnaire items 1-12 provide data to answer research question 1?

<u>Item 1</u>	<u>Item 2</u>	<u>Item 3</u>	<u>Item 4</u>	<u>Item 5</u>	<u>Item 6</u>
() yes	() yes	() yes	() yes	() yes	() yes
() no	() no	() no	() no	() no	() no
<u>Item 7</u>	<u>Item 8</u>	<u>Item 9</u>	<u>Item 10</u>	<u>Item 11</u>	<u>Item 12</u>
() yes	() yes	() yes	() yes	() yes	() yes
() no	() no	() no	() no	() no	() no

2. Are the questionnaire items 1-12 stated clearly?

<u>Item 1</u>	<u>Item 2</u>	<u>Item 3</u>	<u>Item 4</u>	<u>Item 5</u>	<u>Item 6</u>
() yes	() yes	() yes	() yes	() yes	() yes
() no	() no	() no	() no	() no	() no
<u>Item 7</u>	<u>Item 8</u>	<u>Item 9</u>	<u>Item 10</u>	<u>Item 11</u>	<u>Item 12</u>
() yes	() yes	() yes	() yes	() yes	() yes
() no	() no	() no	() no	() no	() no

3. Are the questionnaire items 1-12 concise?

<u>Item 1</u>	<u>Item 2</u>	<u>Item 3</u>	<u>Item 4</u>	<u>Item 5</u>	<u>Item 6</u>
() yes () no					
<u>Item 7</u>	<u>Item 8</u>	<u>Item 9</u>	<u>Item 10</u>	<u>Item 11</u>	<u>Item 12</u>
() yes () no					

4. Comments for research question 1 and its corresponding questionnaire items.

Research Question 2

What information regarding nursing diagnosis do nurse educators report is included in their South African university-based nursing school curriculum?

1. Will the questionnaire items 13-21 provide data to answer research question 2?

<u>Item 13</u>	<u>Item 14</u>	<u>Item 15</u>	<u>Item 16</u>	<u>Item 17</u>
() yes () no				
<u>Item 18</u>	<u>Item 19</u>	<u>Item 20</u>	<u>Item 21</u>	
() yes () no				

2. Are the questionnaire items 13-21 stated clearly?

<u>Item 13</u>	<u>Item 14</u>	<u>Item 15</u>	<u>Item 16</u>	<u>Item 17</u>
() yes				
() no				
<u>Item 18</u>	<u>Item 19</u>	<u>Item 20</u>	<u>Item 21</u>	
() yes	() yes	() yes	() yes	
() no	() no	() no	() no	

3. Are the questionnaire items 13-21 concise?

<u>Item 13</u>	<u>Item 14</u>	<u>Item 15</u>	<u>Item 16</u>	<u>Item 17</u>
() yes				
() no				
<u>Item 18</u>	<u>Item 19</u>	<u>Item 20</u>	<u>Item 21</u>	
() yes	() yes	() yes	() yes	
() no	() no	() no	() no	

4. Comments for research question 2 and its corresponding questionnaire items.

APPENDIX I
Format Worksheet

FORMAT WORKSHEET

Task 1 Answer Sheet

Please fill out the attached questionnaire. Please note the time before you begin the questionnaire and the time at completion.

1. Were the directions for questionnaire completion explicit?

_____ Yes _____ No

2. Is the order of the questions on the questionnaire appropriate?

_____ Yes _____ No

Recommendations to question order _____

3. Is the branching throughout the questionnaire easy to follow?

_____ Yes _____ No

Comments _____

4. Total time required to complete the questionnaire.

Please continue to the Validity Worksheet.

APPENDIX J

Letter to Participants

LETTER TO PARTICIPANTS

August 30, 1984

Dear

My name is Linda Schwartz. I am a registered nurse and Master's degree candidate at Texas Woman's University College of Nursing. Under the supervision of Dr. Shirley Ziegler, R.N., Ph.D., I am conducting a study to describe South African nurses' use of nursing diagnosis and nursing process as perceived by nurse educators.

Currently, there are many countries that proclaim the importance of expanding nursing knowledge to improve the quality of care for patients. Therefore, there are ongoing research studies devoted to the concept of nursing diagnosis and nursing process. Our profession proclaims the importance of integrating knowledge from other countries for up-to-date knowledge about professional nursing practice; however, all too often this integration is omitted. The purpose of this letter is to invite you to be a participant in a nursing study that will survey the use of nursing diagnosis and nursing process in your school's program as perceived by nurse educators.

The data for this study will be collected in South Africa. All university-based nursing schools and names for their Head of the Department of Nursing selected for this research study came from a list provided by the South African Nursing Association.

The two questionnaires that will aid in data collection for the study are attached to this letter and are designed to obtain the following information: (a) use of nursing process and nursing diagnosis, (b) description of your school, and (c) description of the educator who completes the questionnaires. The Nursing Process and Nursing Diagnosis Research Questionnaire requires approximately 15 minutes to complete. The Demographic Questionnaire requires about 3 minutes to complete. The nurse educators chosen to complete these questionnaires have the following criteria: (a) ability to read, write

comprehend English, (c) are licensed nurses, and (d) teach at least two courses in their school's nursing program. Please follow the instructions on the questionnaires for proper completion. I would appreciate the return of the questionnaires within 1 week after your Head of the Department of Nursing receives them, or your data cannot be included in the study. If your administrator did not give you the receiving date, please request it so you will know the return date needed. A pre-addressed, stamped envelope is supplied for your convenience. Please do not include your name or the name of your school on the questionnaires. This is necessary for anonymity. Return of the completed questionnaire is construed as consent for inclusion of the data in this research study.

Findings from the study will be handled by the investigator only and described by the use of descriptive statistics. No schools' or educators' names will be identified with the data they supply. I will send an abstract to your Head of the Department of Nursing upon completion of the study.

Participation of this study is voluntary. There is no penalty or reward attached to participation or nonparticipation. There are no physical or psychological risks involved than those ordinarily encountered in daily life. Personal benefits will be obtained by contributing to the body of nursing knowledge.

Thank you in advance for your contribution to a study expanding the knowledge of nursing diagnosis and nursing process and for setting an example of nurse leadership

willing to promote the nursing profession through valid nursing research.

Respectfully,

Linda Schwartz, R.N., B.S.N.
Master's Candidate
College of Nursing
Texas Woman's University

LS/
Enclosures

P. S. Again, please give the questionnaires to the nurse educators so they can return these research instruments within 1 week after you receive them.

APPENDIX K

Reminder to Return Research Questionnaires

REMINDER TO RETURN RESEARCH QUESTIONNAIRES

October 12, 1984

Dear

August 1984, I sent Research Questionnaires to you, requesting that two of your nursing instructors complete and send them back in the pre-addressed envelope. If you have not returned your questionnaire, please respond by sending the questionnaire back, either complete or not complete. Enclosed is a duplicate questionnaire and introductory letter, if needed. I need all questionnaires returned for statistical reasons. Send to:

Thank you for your time.

Sincerely,

Linda Schwartz, R.N., B.S.N.
Master's Candidate
College of Nursing
Texas Woman's University

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Enclosures