NURSING DIAGNOSIS EMPHASIS OF NATIONAL LEAGUE FOR NURSING ACCREDITED MASTER'S COMMUNITY HEALTH NURSING PROGRAMS

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

DOREEN FRIESEN SHEPHARD, R.N., B.S., M.P.H.

DENTON, TEXAS

MAY 1987

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

April 15, 1987
Date

To the Provost of the Graduate School

I am submitting herewith a dissertation written by Doreen Friesen Shephard entitled "Nursing Diagnosis Emphasis of National League for Nursing Accredited Master's Community Health Nursing Programs". I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

Helen A. Bush

Dr. Helen A. Bush, Ph.D.

We have read this dissertation and recommend its acceptance:

Sandra Strickland

Marian Anema

Rose M. Nieswiadomy

David D. Marshall

Accepted

Leslie M. Thompson

Provost of the Graduate School

Copyright c Doreen Friesen Shephard, 1987
All rights reserved

DEDICATION

To my husband, Raymond C. Shephard, whose love has made beautiful the things of my life.

ACKNOWLEDGMENTS

Sincere appreciation is expressed to those who have been especially helpful during my endeavors as a doctoral student. Dr. Beth Vaughan-Wrobel first inspired me to enjoy nursing as a science. Dr. Shirley Ziegler challenged me to think beyond my former abilities and is an inspiration professionally and personally.

My committee members, Dr. Marion Anema, Dr. Rose Nieswiadomy, Dr. Sandra Strickland, and Dr. David Marshall, have all at various time listened not only to the words, but to the music, making difficult tasks easier and difficult situations lighter to bear.

Dr. Helen Bush, my chairperson, is more like the Chief Shephard than anyone I have ever known. She was always there to help, always ready to encourage, always kind, always gracious, and always challenging me to climb to the High Places intellectually, emotionally, and spiritually. Thank you for enriching my life.

NURSING DIAGNOSIS EMPHASIS OF NATIONAL LEAGUE FOR NURSING ACCREDITED MASTER'S COMMUNITY HEALTH NURSING PROGRAMS

ABSTRACT

DOREEN FRIESEN SHEPHARD, R.N., B.S., M.P.H.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
MAY 1987

The problem of the study was to identify: (a) the extent nursing diagnosis is taught, (b) the program emphasis, (c) the nature of nursing diagnoses used, and (d) the program's conceptual or theoretical framework in National League for Nursing accredited master's programs that offer specialization in community health nursing. The conceptual framework was researcher developed and combined the concept of the nursing process with the concepts of health concern, client focus, and levels of prevention.

Thirty-two National League for Nursing accredited master's community health nursing programs in the United States constituted the sample. Data were collected with a mailed questionnaire.

Findings disclosed:

1. A majority of National League for Nursing accredited master's programs that offer community health nursing specialization teach or use nursing diagnosis.

2. A large percentage of the programs emphasize community in their programs.

3. Within the nursing diagnoses reported, no one health concern was predominant.

4. Community constituted the client in the majority of the nursing diagnoses while family as client ranked second.

5. All nursing diagnoses were categorized into level of prevention.

6. Eight theories were reported as frameworks for eight programs.

7. Twenty-three theories, frameworks, or models were taught or analyzed in the programs.

8. Some community health nursing educators look to literature to provide nursing diagnoses rather than using the process to fit their situation.

Conclusions for nursing practice and nursing education were:

1. The researcher-developed conceptual framework including nursing process, health concern, client focus, and levels of prevention is appropriate for community health nursing.

2. Nursing diagnoses were valuable indicators of the concepts of the framework.

3. The concept of client focus can help those in community health nursing to choose the proper theory to direct goal setting.

4. The concept of levels of prevention is appropriate to community health nursing.

5. The framework can be used as a tool to determine program emphasis of community health nursing programs.

TABLE OF CONTENTS

DEDICATION iv

ACKNOWLEDGMENTS v

ABSTRACT vi

LIST OF TABLES xi

LIST OF FIGURES xii

Chapter

I. INTRODUCTION 1

Statement of Problem 2
Purposes of the Study 2
Rationale for the Study 3
Conceptual Framework 6
Assumptions 9
Research Questions 10
Definition of Terms 11
Limitations 12
Delimitations 13
Summary 13

II. REVIEW OF LITERATURE 14

Textbooks on Nursing Diagnosis 14
Nursing Diagnosis in Community Health Nursing Textbooks 19
Major Research on Nursing Diagnosis in Nursing Education and Community Health 22
Community as Client in Community Health Nursing 26
Summary 28

III. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA 29

Setting 29
Population and Sample 29

Protection of Human Subjects 30
Instrument 30
Data Collection 31
Treatment of Data 31

IV. ANALYSIS OF DATA 34

Sample 34
Findings 34
Summary of Findings 54

V. SUMMARY OF THE STUDY 55

Summary 55
Discussion of Findings 56
Conclusions and Implications 62
Recommendations for Further Study 64

REFERENCES 66

APPENDICES

A. Questionnaire 72

B. Permission to Conduct Study 76

LIST OF TABLES

1. Findings for Question One 36

2. Number of Programs, Percentage of Programs and Program Emphasis 38

3. Client Foci of Nursing Diagnoses Frequency and Percentage 44

4. Level of Prevention of Nursing Diagnoses Frequency and Percentages 48

5. Level of Prevention and Client Focus of Nursing Diagnoses by Percentage and Rank Order 49

LIST OF FIGURES

1. Nursing Process Conceptual Framework 7

CHAPTER I

INTRODUCTION

As nursing has progressed in its evolution as a science, many concepts have been developed to describe and guide practice. Of these, nursing process is the most universally accepted. As one of the steps in the nursing process, nursing diagnosis has received a great deal of attention during the past 10 to 12 years. In _Nursing: A Social Policy Statement_ (American Nurses' Association [ANA], 1980), nursing was defined as "the diagnosis and treatment of human responses to actual or potential health problems" (p. 9). The _Standards of Community Health Nursing Practice_ (ANA, 1973) listed formulation of nursing diagnoses and deriving goals and interventions from the diagnoses in three of the seven standards. Further, the standards stated that community health nursing involves working with individuals, groups, families, and communities. Some would add that emphasis should be on aggregates (Hamilton, 1983; Williams, 1977). If nursing involves the diagnosis and treatment of human responses to health problems and if community health nursing involves aggregates, then it logically follows that nursing diagnosis and treatment of aggregates should be an integral

part of community health nursing practice and education. However, the nursing literature reveals a dearth of publication concerning nursing diagnosis in community health nursing. Community health nursing textbooks fail to cover nursing diagnosis adequately, if at all, and little is documented about the status of teaching of nursing diagnosis of aggregates.

Statement of Problem

The problem of the study was to identify: (a) the extent nursing diagnosis is taught, (b) program emphasis, (c) the nature of the diagnoses used, and (d) the conceptual or theoretical framework used in National League for Nursing accredited master's programs that offer specialization in community health nursing.

Purposes of the Study

The purposes of the study were to:

1. Determine whether Community Health Nursing (CHN) programs use nursing diagnosis.

2. Elicit program emphasis (family, family and group, community, health planning).

3. Identify the health concern emphasis, client focus emphasis, and level of preventive emphasis of nursing diagnoses used.

4. Record the type of nursing diagnosis format used.

5. Determine whether a framework was used for the program.

6. Tabulate and compile the information.

Rationale for the Study

The term nursing diagnosis began to appear in nursing literature in the 1950s with increased interest in the 1960s, but renewed interest and attention advanced rapidly in the early 1970s (Hamilton, 1983). Abdellah (1975) was one of the first to define the term, but her definition was limited to individuals and families. The first National Conference on Classification of Nursing Diagnoses was called in 1973 and included 100 nursing leaders from all 50 states (Gebbie & Lavin, 1974). Out of the first conference came a tentative list of 34 approved nursing diagnoses, two of which referred to family and none of which included community or group. Over the years the National Conference on Classification of Nursing Diagnoses added and amended approved nursing diagnoses. At the fifth national conference in 1982, a list of 51 nursing diagnoses was approved. Of these nursing diagnoses, 45 referred to individuals, 6 to families, and none to groups or community (Kim, McFarland, & McLane, 1984). This indicated that major supporters of nursing diagnoses had not considered

community health nursing when formulating nursing diagnoses.

Further, many community health and public health institutions are splintered along program lines because of multiple state and federal funding requirements (American Public Health Association [APHA], 1982). Consequently, many nurses working in community health fail to perceive the wholeness of community health nursing. The aggregate is more emphasized in public health than in nursing. But community health nursing should synthesize the body of knowledge from public health sciences and professional nursing theories for the purpose of improving the health of the entire community (APHA, 1982). Community, family, and group nursing diagnoses can contribute to synthesizing public health and nursing and bring the focus of community health nursing back to the aggregate. Ascertaining the nature of nursing diagnoses in master's community health nursing education can be a beginning toward understanding the domain of community health nursing. Further insight is gained by understanding the extent to which community health nursing educators at the master's level perceive the importance of dealing with aggregates beyond that of families.

The Surgeon General's Report on Health Promotion and Disease Prevention (Public Health Service, 1979) stated there is "an emerging consensus among scientists and the health community that the nation's health strategy must be dramatically recast to emphasize the prevention of disease" (p. vii). The American Nurses' Association's Commission on Nursing Research (ANA, 1980) suggested that health promotion and disease prevention be high priorities for nursing research in the 1980s. The Standards of Community Health Nursing Practice (ANA, 1973) listed primary, secondary, and tertiary measures as they related to nursing diagnoses as part of standards of CHN practice. Thus, using nursing diagnoses to ascertain which levels of prevention receive most emphasis in master's community health nursing education should disclose the extent to which community health nursing education at the master's level emphasizes health promotion and disease prevention.

A description of the extent nursing diagnoses are taught in National League for Nursing accredited master's level programs offering specialization in community health nursing was a beginning step toward ascertaining the use of nursing diagnoses in community health nursing. By describing the nature of nursing diagnoses used in National League for Nursing accredited community health nursing

programs a step toward defining the domain of community health nursing was accomplished in the present study.

Conceptual Framework

The conceptual framework for the study combines the nursing process with the concepts of health concern, client focus (community, group, family, or individual) and the levels of prevention (primary, secondary, and tertiary) (Figure 1). The nursing process consists of assessing, diagnosing, planning, implementing, and evaluating (Ziegler, Vaughan-Wrobel, & Erlen, 1986). The nursing diagnosis step of the nursing process is composed of two parts, the response and the etiology. The response component should be related to desired outcomes or goals while the etiology component should be related to nursing intervention (Mundinger, 1980). As noted in Figure 1, the assessment leads to client focus of the nursing diagnosis. The response component of the nursing diagnosis leads to goals and expected outcomes. The etiology component of the nursing diagnosis leads to interventions which are negotiated plans to meet goals. The expected outcomes and actual outcomes are compared in the evaluation phase of the process. Both response and etiology components of the nursing diagnosis can be classified as to client focus and level of prevention.

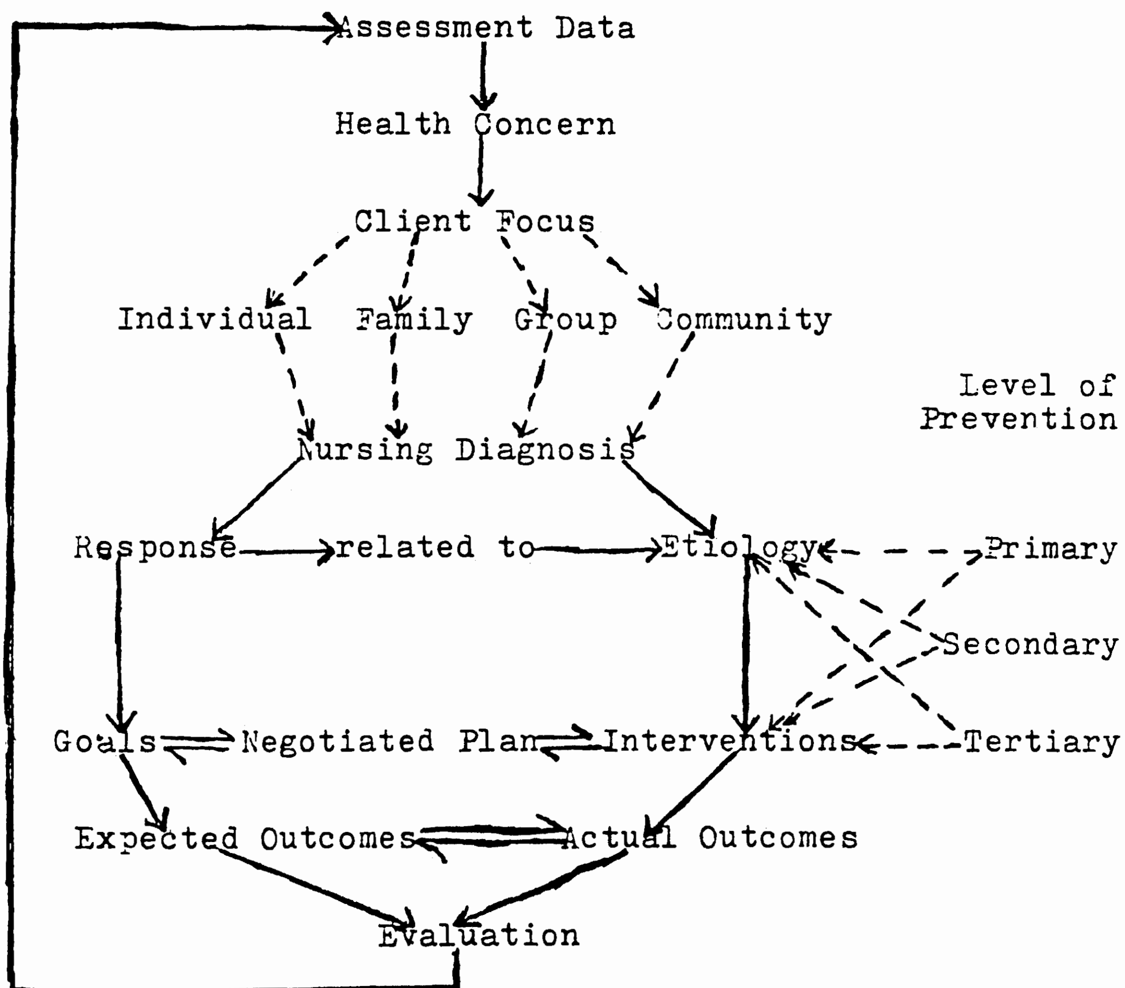

Figure 1. Nursing Process Conceptual Framework.

----Alternates - concepts which may vary.

——Constants - necessary components of the nursing process.

Doreen Friesen Shephard (1985)

The client focus is the primary system to which the nursing process or any part thereof is directed be it individual, family, group, or community. An individual is a particular human being (Webster, 1984). A family is two or more individuals who form a unit and who consider themselves a family (Johnson et al., 1982). A group is two or more people who share common characteristics, identity, goals, rules for behaving, or lines of communication (Shepard, 1974). A community is a group of people in an environment that has the ability to meet its life goals. Communities may have common location, common characteristics, common interests, or all three of these commonalities (Clemen, Eigsti, & McGuire, 1981; Warren, 1963). A response to a health concern of any of the four client focus levels can affect one or more of the other three levels. The nature of nursing diagnoses used reflect the extent to which the aggregate is emphasized in the teaching of nursing.

Community health levels of prevention were first outlined by Leavell and Clark (1965). Primary prevention deals with health promotion and specific protection from health problems. Secondary prevention or health maintenance focuses on early diagnosis and prompt intervention to limit disabilities. Tertiary prevention

refers to activities that help rehabilitate clients and restore them to maximum levels of functioning. In the context of the nursing process the level of prevention is ideally directed toward prevention of the most for the most.

The four concepts: (a) the nursing process, (b) health concern, (c) the client focus, and (d) the level of prevention form a basic framework for community health nursing. By understanding the degree to which the nursing diagnoses reflect health concern(s), client focus, and level of prevention, one can understand the domain of community health nursing as perceived and taught by teachers of community health nursing. The Nursing Process Conceptual Framework was researcher-developed. The present study tested for the use of nursing diagnoses (within the nursing process), the client focus, and the level of prevention in NLN accredited master's community health nursing programs, the proposition being that these areas comprise community health nursing.

Assumptions

Three assumptions were identified:

1. The nursing process includes assessing, diagnosing, planning, implementing, and evaluating.

2. Use of the nursing process is appropriate for both individuals and aggregates.

3. Community health nursing encompasses many health concerns at all levels of prevention (primary, secondary, and tertiary).

Research Questions

Research questions were formulated as follows:

1. What is the extent of nursing diagnosis taught in National League for Nursing accredited master's nursing programs that offer specialization in community health nursing?

2. What is the program emphasis (family, family and group, community, health planning)?

3. What is the nature of nursing diagnoses used in National League for Nursing accredited master's nursing programs that offer specialization in community health nursing? What is the (a) health concern emphasis, (b) client focus emphasis, and (c) level of prevention emphasis?

4. What is the conceptual or theoretical framework, model, or theory used in the community health nursing specialty to help in formulating nursing diagnosis?

Definition of Terms

For the purposes of the study, the following terms were defined:

1. National League for Nursing accredited master's programs that offer specialization in community health nursing--master's curricula listed in Master's Education in Nursing 1985-86 (National League for Nursing [NLN], 1985) and indicating a specialty in community health nursing.

2. Extent to which nursing diagnosis is taught--number of programs reporting that nursing diagnosis is used as indicated in Item A of the questionnaire (Appendix A).

3. Program emphasis--community health nursing specialization emphasis (family, family and group, community, or health planning) as indicated in Item B of the questionnaire.

4. Nursing diagnosis--"the statement of the client's potential or actural unhealthful response and the hypothesized cause or etiology of that response" (Ziegler et al., 1986, p. 46). Statements made by respondents on Item C of the questionnaire were analyzed as nursing diagnoses.

5. Nature of nursing diagnoses used--characteristics of nursing diagnoses including:

(a) format--any and all formats of nursing diagnoses as indicated in Item C of the questionnaire.

(b) health concern emphasis--the health concern (actual or potential health problem, disability, defect, or limitation (Griffith & Christensen, 1982) of nursing diagnoses indicated in Item C of the questionnaire.

(c) client focus emphasis--the four client categories of individual, family, group, or community of nursing diagnoses indicated in Item C of the questionnaire.

(d) level of prevention emphasis--the three levels of prevention (primary, secondary, or tertiary) of nursing diagnoses indicated in Item C of the questionnaire.

6. Conceptual or theoretical framework, model, or theory used--the particular conceptual, theoretical framework, model, or theory used as a framework for the community health nursing specialty program as indicated in Item D of the questionnaire.

Limitations

The following was a limitation of the study:

As with any mailed questionnaire, the sample was self-selected because some forms were not returned. This was a threat to external validity.

Delimitations

Delimitations were as follows:

1. Only National League for Nursing accredited master's nursing programs that offer specialization in community health nursing were selected to participate.

2. Only those programs that returned the questionnaire constituted the sample.

Summary

Nursing diagnoses have become widely used in many specialty areas in nursing. Yet in community health nursing education little is known about the extent nursing diagnoses are used and the nature of those diagnoses. The study described the extent nursing diagnosis is taught and the nature of the diagnoses used in National League for Nursing accredited master's programs that offer specialization in community health nursing.

CHAPTER II

REVIEW OF LITERATURE

Much nursing diagnosis literature has been generated since 1973 when nursing diagnosis became part of the Standards of Nursing Practice of the American Nurses' Association (ANA, 1973) and when the first conference on classification of nursing diagnoses was convened (Gebbie & Lavin, 1974). The review deals with nursing diagnosis from four perspectives. The first is a general review of textbooks on nursing diagnosis. The second is nursing diagnosis as it is addressed in community health nursing textbooks. The third area is focused on research studies dealing with nursing diagnosis in nursing education and community health. The fourth area concerns the community as client in community health nursing.

Textbooks on Nursing Diagnosis

The National Conferences on the Classification of Nursing Diagnoses have inspired four books. The first was a review of the proceedings of the first conference held in October of 1973 (Gebbie & Lavin, 1975). The authors outlined the need for a universally accepted comprehensive classification system for nursing diagnoses. The

conference also generated a long list of nursing diagnoses that were mainly descriptions of symptoms of individuals.

A smaller, less popular book was produced after the Second National Conference on the Classification of Nursing Diagnoses (Gebbie, 1976). The author stated three purposes of the second conference:

> 1. To consider further issues relevant to the development of a nomenclature and taxonomy of those health conditions diagnosed by nurses,
> 2. To revise or evaluate those diagnoses identified at the First National Conference on Classification of Nursing Diagnoses, and
> 3. To identify and describe additional diagnoses. (p. 1).

Kim and Moritz (1982) described the proceedings of the third and fourth National Conferences on Classification of Nursing Diagnoses. These conferences delved deeper into practice, research, and education than had previous conferences. Of the 42 revised nursing diagnoses accepted by the conference, only a small number dealt with families (Kim & Moritz, 1982).

Published in 1984, the proceedings of the fifth National Conference on the Classification of Nursing Diagnoses in 1982 began to point out the weaknesses of the adopted classification system (Kim, McFarland, & McLane, 1984). Nevertheless, many papers on the application of nursing diagnoses in practice, education, and research were published in this volume. One article in the book referred

to family nursing diagnoses made by community health nurses. Major differences between nursing theorists and nurse practitioners surfaced in the recorded account. In 1982, the National Conference Group for Classification of Nursing Diagnoses became the North American Nursing Diagnosis Association (NANDA).

In the late 1970s, textbooks on nursing diagnosis began to appear as well as textbooks on nursing process, with nursing diagnosis as part of that process. Campbell (1978) published the first textbook on nursing diagnosis. The first volume, as well as the second edition in 1984, described the rationale for making nursing diagnoses. Campbell listed a large number of nursing diagnoses and recommended nursing interventions. The author's theoretical framework was Maslow's hierarchy of needs.

Carlson, Craft, and McGuire (1982) later produced a book designed to provide an overview of nursing diagnosis and present a variety of clinical settings in which diagnoses were developed. The text included definitions and history of nursing diagnosis and how to formulate nursing diagnoses. The history of nursing diagnosis proved to be the strongest section.

Still another textbook provided a scientific methodology for formulating nursing diagnoses. Gordon

(1982) helped the reader to think through the steps of formulating nursing diagnoses. She also included some valuable material on family and community assessment, but did not actually formulate family or community nursing diagnoses. The book emphasized the need for development of clinical reasoning and diagnostic judgment through understanding of the process as well as the product.

Carnevali (1983) wrote on nursing diagnosis using language different from that of the National Conference on the Classification of Nursing Diagnoses, and of other authorities in nursing. The author stated she was using language that would communicate better with disciplines other than nursing. In another book on diagnostic reasoning, the author and associates further explained their position of trying to universalize the language of nursing diagnosis (Carnevali, Mitchell, Woods, & Tanner, 1984).

Another textbook on nursing diagnosis was authored by Carpenito (1983). After a brief overview of the nursing process the author reviewed in detail the diagnostic categories produced by NANDA. Several of the nursing diagnoses were focused on families. Plausible nursing interventions for various nursing diagnoses were also

listed. No evidence was given that these interventions were generated by research.

Griffith and Christensen in both the 1982 and 1986 editions of a book on nursing process gave an explanation of theories, models, and frameworks as well as illustrations of nursing diagnoses. The nursing diagnoses concerned individuals, families, and communities with illustrations of how the entire nursing process could be worked through for one nursing diagnosis. The authors also included scientific rationale within each application of the nursing process.

Ziegler's (1982) chapter on nursing diagnosis (Neuman, 1982) suggested a taxonomy for nursing diagnoses which was derived from Neuman's model. The taxonomy included individuals, families, groups, and communities as well as primary, secondary, and tertiary prevention. Computer codes and cell names for the taxonomy were also suggested.

In a later publication, Ziegler, Vaughan-Wrobel, and Erlen (1986) considered in greater detail the steps in making nursing diagnoses. Also described were the relationships among the steps in the nursing process with nursing diagnosis as the pivotal step. Learning activities at the end of each chapter help the student to verify that learning has taken place.

In the literature discussed above, two main approaches to developing nursing diagnoses emerged--inductive and deductive reasoning. The National Conferences on Classification of Nursing diagnoses used an inductive approach. Closely following the inductive line are books by Carlson, Craft, and McGuire (1982), and by Carpenito (1983). After formulating a list of nursing diagnoses the conference group attempted to fit the nursing diagnoses into a framework or theory. Campbell (1978, 1984) began with theory using a deductive approach as did Griffith and Christensen (1982). Ziegler (1982) and Gordon (1982) as well as Ziegler et al. (1986) used the nursing process as a framework and emphasized process more than product. Carnevali (1983) was unique in attempting to universalize a nursing language. As nursing diagnosis evolves both inductive and deductive reasoning supported by research may become apparent.

Nursing Diagnosis in Community Health Nursing Textbooks

The first mention of nursing diagnosis found in a community health nursing textbook appeared in the third edition of Leahy, Cobb, and Jones' (1977) text. Little explanation was given on components or how to formulate a nursing diagnosis. The nursing process including diagnosis

was simply listed side by side with community organization process. In the fourth edition of the text by Leahy, Cobb, and Jones (1982), a brief section on what was currently being done on nursing diagnosis was considered. Still no guidelines or processes unique to community health nursing were suggested. Also in 1977, Tinkham and Voorhies wrote of family needs and problems but did not refer directly to nursing diagnoses. A later edition by the same authors also ignored nursing diagnoses (Tinkham & Voorhies, 1984).

In 1980 Mundinger referred to nursing diagnosis in a chapter on community health nursing, but was not very specific on how a community health nursing diagnosis would differ from a nursing diagnosis made in another field. In the same year a community health nursing textbook by Benson and McDevitt (1980) referred to patient problems, not nursing diagnoses.

In both the first and second editions of another community health nursing textbook, Spradley (1981, 1985) devoted three paragraphs to nursing diagnosis. The author gave a brief description of a nursing diagnosis and contrasted broad and narrow types.

Friedman (1981) devoted a short section to family nursing diagnosis. The author pointed out that there may be multiple responses and multiple etiologies as cause and

effect relationships may not be all that clear when multiple factors are involved.

A more detailed explanation of nursing diagnosis for both family and community was described by Clemen, Eigsti, and McGuire (1981). The authors helped the student to consider multiple factors in formulating both family and community nursing diagnoses. Theoretical bases for diagnoses were also mentioned. Young (1982), Fromer (1983), Burgess and Ragland (1983), and Schoolcraft (1984) all included nursing diagnosis in their textbooks. The explanations were all very brief and did not address unique aspects of family and community.

Families, groups, and communities were addressed in another community health nursing textbook by Stanhope and Lanchaster (1984). However, the text used only the four step nursing process without referring to nursing diagnoses.

Sullivan (1984) and Higgs and Gustafson (1985) referred to community diagnosis. The authors suggested making nursing decisions in light of community diagnoses rather than making community nursing diagnoses.

Logan and Dawkins (1986) listed some of the work done by others on nursing diagnosis. The authors referred the student to other textbooks for help in formulating family

and community nursing diagnoses. More emphasis was given to the controversy in nursing diagnosis than to helping students to formulate nursing diagnoses.

The majority of community health nursing textbooks published in the past decade barely mentioned nursing diagnosis. The texts gave little or no direction in how to formulate a family, group, or community nursing diagnosis. Friedman (1981) and Clemen, Eigsti, and McGuire (1981) gave more detailed explanations of family and community nursing diagnoses than other authors. Sullivan (1984) and Higgs and Gustafson (1985) referred to community diagnosis but did not aid the student in formulating community nursing diagnoses. Another textbook (Logan & Dawkins, 1986) detailed some of the controversy on nursing diagnosis.

Major Research on Nursing Diagnosis in Nursing Education and Community Health

Even though much has been written about nursing diagnosis over the past decade, little research on the subject could be found in the nursing literature. Even less research appeared on nursing diagnosis in community health nursing or in nursing education literature. Some research studies are cited below in order to facilitate understanding of nursing diagnosis research trends.

Aspinal (1976) used a case study to determine nursing diagnostic abilities of nurses. The researcher divided subjects according to type of basic nursing education and years of experience. The study revealed significantly more problems were identified by baccalaureate nurses than by diploma or associate degree nurses. Also, nurses with fewer than 10 years experience identified significantly more problems than nurses with more than 10 years experience. No mention was made as to whether nurses had been taught nursing diagnosis in their basic nursing program or in a continuing education program.

A study of the relationship between the ability to make a nursing diagnosis and scores on a concept mastery test and a critical thinking test were reported (Matthews & Gaul, 1979). Subjects were baccalaureate and master's students in nursing. The researchers found a strong relationship between cue perception in nursing diagnosis and scores on the concept mastery test. However, there was no relationship between ability to derive nursing diagnoses and scores on a critical thinking appraisal. The basis for nursing diagnoses derived was the frequency of use of discriminating cues.

DeBack (1981) tested the relationship between curriculum models and senior nursing students' ability to

formulate nursing diagnoses. Three criteria for nursing diagnoses were: (a) client rather than disease centeredness, (b) statement of client concerns and levels of competence or dysfunction, and (c) ability to be altered or maintained through nursing action. The researchers set out to test whether systems model curricula would predict greater ability in formulating nursing diagnoses. No significantly greater ability in formulating nursing diagnoses was found with any particular nursing curriculum model. Ability to meet all three criteria was low (28%). A large number (35%) of nursing diagnoses met none of the criteria.

In a random survey of NLN accredited baccalaureate and higher degree programs, Gaines and McFarland (1984) found that 95% of the programs surveyed claimed that nursing diagnosis was taught in medical-surgical course work. Eighty-nine percent included nursing diagnosis in both theory and clinical courses. More than 80% claimed to use nursing diagnostic categories developed by the National Conference Group.

Martin (1982) described how the client problem classification system developed by Omaha Visiting Nurses' Association could be used for computerizing records. New Jersey implemented the system into health departments

through the use of research conferences (Cell, Peters, & Gordon, 1984). Several interesting observations about the Omaha Classification Scheme can be made. It is a forced choice system that leaves no room for gradation or variation. Also, there are no community categories and few family categories.

A study comparing perceptions of clinical competence of professional and technical nurse students with the expectations of clinical competence of their nursing faculty was reported by Lee and Strong (1985). All 51 of the NANDA approved nursing diagnoses were listed. Students and faculty were asked to estimate on a scale of 5 to 1 the level of competence needed to care for clients with each of the nursing diagnoses. Group means of level of competence for each of the four groups (associate degree students, baccalaureate degree students, associate degree faculty, and baccalaureate degree faculty) were computed for each of the nursing diagnoses. Forty-five of the group means were within half a point of being the same. Group means for six of the nursing diagnoses differed more than half a point. Authors concluded that perceived clinical competence for both professional and technical nurse students were similar to faculty expectations of clinical competence for most nursing diagnoses.

Survey of nursing diagnosis research literature in community health and nursing education indicated that nursing diagnosis is being taught. Still there is a dearth of research in nursing diagnosis that considered aggregates.

Community as Client in Community Health Nursing

There has been some concern over just what constitutes community health nursing. Williams (1977) stated that community health nursing is more than family-oriented care delivered outside the institutional setting. She challenged nursing to consider public health principles of dealing with groups at risk and communities at large rather than considering the family nursing specialty as community health nursing. The author emphasized that master's level programs in nursing should consider groups and communities as well as families.

Earlier, other leaders in community health nursing had asked community nurse practitioners what constituted their practice (Archer, 1976; Archer & Fleshman, 1975). The study found that much of the decision-making activity on a community level was done by nurses in management positions. Beginning practitioners often did primary care with individuals or small groups.

Fromer (1979) stated that communities are responsible for their own health care, but nurses can lead the way. Another source stated that community health nursing was not just primary care in the community, but taking responsibility for the health of the community as a whole (Clemen, Eigsti, & McGuire, 1981).

A group of educators introduced the concept of focus of care on aggregates in a baccalaureate nursing curriculum (Kurtzman, Ibgui, Pogrund, & Monin, 1980). Nursing students chose various groups for concentrated care within communities during public health clinical experiences. Students commented that during the experience they used all stages of the nursing process. Some wanted more time in the experience to more thoroughly implement nursing interventions.

Hamilton (1983) analyzed very thoroughly the concept of community nursing diagnosis. She asserted that the degree of knowledge of community process represents a gap in existing theoretical bases for nursing. She questioned whether community was merely the setting for the individual's existence or whether community was the primary client of nurses. Hamilton concluded that nursing models should be tested in the community to determine whether the models are adequate or whether they need modification.

An account of how a community-as-client model was applied to a group at risk in a community was recorded (Anderson, McFarlane, & Helton, 1986). The nursing process, levels of prevention, and a systems model were combined to confront the problem of family violence. The authors found the model useful in dealing with the group at risk.

The literature on community as client revealed that a consensus is needed regarding the domain of community health nursing. Many authors agree that consensus should include the concept of community as client.

Summary

This chapter has discussed considerations of nursing diagnosis in general, in community health nursing textbooks, in research in education and community health nursing, and in community as client. The review indicated little consensus exists on what is unique about community health nursing diagnoses or whether nursing diagnoses are appropriate in community health. No research was found relevant to the teaching of nursing diagnosis to master's students specializing in community health nursing.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Polit and Hungler (1983) stated that when a field is new, a foundation needs to be laid; or when explanatory hypotheses are difficult to formulate descriptive research is indicated. A descriptive exploratory design was utilized in the study because there is a dearth of research published on the use of nursing diagnosis in community health nursing. Content analysis was the technique used to analyze the data.

Setting

The setting of the study was the identified National League for Nursing accredited master's nursing programs offering specialization in community health nursing in the United States of America. Letters were addressed to major professor of community health nursing. The questionnaires were completed by them in the setting of their choice.

Population and Sample

The population for the study was the community health nursing programs of all 58 National League for Nursing accredited master's level nursing programs offering

specialization in community health nursing as listed in *Master's Education in Nursing 1985-86* (NLN, 1985). The community health nursing educators of the colleges offering the programs were requested to return the forms. Those programs represented by the returned questionnaires constituted the self-selected sample for the study.

Protection of Human Subjects

In accordance with the rules and regulations of the Human Subjects Research Committee of Texas Woman's University, the study fell within the guidelines of Category I (no risk) because a questionnaire was utilized. Permission to conduct the study was received from the Graduate School (Appendix B). Completion of the instrument indicated consent to participate in the research. To ensure anonymity, only group data were reported.

Instrument

The instrument was a researcher-developed questionnaire (Appendix A). Participating faculty were asked to state whether or not nursing diagnosis is taught in the master's level nursing program. They were also requested to state the program emphasis of the community health nursing program. A representative sample of nursing diagnoses used by master's students specializing in

community health nursing was requested. The instrument also asked for a listing of the particular conceptual or theoretical framework, model, or theory used as a framework for the community health nursing program.

The instrument used an open-ended question format. The questions were derived from the researcher-developed conceptual framework.

Data Collection

The research packet was addressed to "Major Professor of Community Health Nursing" of master's level nursing programs that offer specialization in community health nursing as listed in Master's Education in Nursing 1985-86 (NLN, 1985). Community health nursing educators were asked to self-administer the questionnaire. The major professor was requested to return the forms within 2 weeks of receipt. Postcards were sent to all programs thanking those who responded and asking those who had not responded to return the questionnaire by a later deadline; approximately 2 weeks after the first deadline. All responses were collected within a 2-month period.

Treatment of Data

The extent nursing diagnosis is taught in National League for Nursing accredited master's level programs that

offer specialization in community health nursing was tabulated by counting the positive responses to Item A of the questionnaire. Frequency and percentages were calculated.

The program emphasis of the National League for Nursing accredited master's level community health nursing programs were calculated by totaling the answers given in Item B of the questionnaire. Frequencies and percentages were displayed.

The nature of nursing diagnoses used in National League for Nursing accredited master's level nursing programs that offered specialization in community health nursing was ascertained by a content analysis of the nursing diagnoses recorded in Item C of the questionnaire. Content analysis was chosen because the process is useful for analyzing unstructured data (Wilson, 1985).

Content analysis is a method of studying and analyzing unstructured data in a systematic, objective, and quantitative manner to measure variables (Kerlinger, 1973). Categories are predetermined and defined, but the researcher is open to discovering new categories in the process of analysis (Wilson, 1985). In content analysis the researcher plays a strong individual and creative role (Fox, 1976).

There are two main types of content analysis. Fox (1976) referred to the two types as manifest level and latent level. Another author (Wilson, 1985) used the terms semantic content analysis and feeling, tone, or inferred content analysis. Manifest level content analysis involves "what the respondent said, strictly bound by the response, with nothing read into it and assumed about it" (Fox, 1976, p. 260). In latent level content analysis, the researcher seeks to infer what was meant or implied by going beyond the transcription (Fox, 1976). Both manifest and latent level content analysis were used in the present study.

In this study, each set of nursing diagnoses listed by selected faculty was categorized as to health concern, client focus, level of prevention, and format. Conceptual or theoretical framework, model, or theory used as a framework for the program was also recorded. Data were grouped and frequencies and percentages were displayed for each category of data. Concepts were compiled into appropriate categories.

CHAPTER IV

ANALYSIS OF DATA

In this chapter, the findings of the study are presented. Following a description of the sample, the data related to the categories outlined in the research questions are presented. A summary of the findings concludes the chapter.

Sample

The sample of the study was composed of 32 master's level nursing programs offering specialization in community health nursing. The programs were represented by the returned questionnaires sent to the 58 National League for Nursing accredited programs offering specialization in community health nursing. This represented a 55% return rate for the questionnaires.

Findings

The following research questions were examined:

Research Question One

1. What is the extent nursing diagnosis is taught in National League for Nursing accredited master's nursing programs that offer specialization in community health nursing?

Participants responded to the following question. Is nursing diagnosis taught as part of any master's level course in your program?

The extent nursing diagnosis is taught in National League for Nursing accredited master's level programs that offer specialization in community health nursing is shown below. Representatives of 14 programs (44%) indicated that nursing diagnosis was taught as part of a master's level course in their program. Another 13 respondents (45%) indicated that nursing diagnosis was not taught at the master's level in the program represented. Four programs (12%) returned the questionnaire without responding to the item. One respondent (3%) answered the question yes and no, indicating community diagnosis, but not community nursing diagnosis, was used.

Four programs (12%) listed nursing diagnoses used in their programs even though they did not answer or answered negatively regarding the extent nursing diagnosis was taught in their program. Together with the 14 programs (44%) indicating nursing diagnosis was taught, these programs combined represent 56% of respondents either teaching or using nursing diagnosis as part of the master's level program. Table 1 displays the findings for Question one.

Table 1

Findings for Question One

Programs teaching nursing diagnosis	Frequency	Percentage
Yes	14	44
No	13	41
Yes and no	1	3
no answer	4	12
Total	32	100

Research Question Two

2. What is the program emphasis of National League for Nursing accredited master's level nursing programs that offer specialization in community health nursing? Of the 32 returned questionnaires, 29 respondents answered the item--program emphasis. Program emphasis of community alone was listed for 7 programs (24%). Community in combination with one or more other emphasis was listed by 17 programs (59%). These figures combined account for 24 programs (83%) which claimed to emphasize community alone or in combination with one or more other emphasis. Of those programs that did not list community emphasis, 2 (7%) listed health planning emphasis. One (3%) listed

population as an emphasis. Besides population the respondents added aggregates and home health. These appeared in the "other" column. Table 2 shows the number and percentage of programs and the program emphasis.

Research Question Three

3. What is the nature of nursing diagnoses used in National League for Nursing accredited master's level nursing programs that offer specialization in community health nursing? What is the: (a) health concern emphasis, (b) client focus emphasis, (c) level of prevention emphasis?

To answer this question, respondents were asked the following:

List the five nursing diagnoses most commonly used by master's level students specializing in community health nursing.

Of the 32 returned questionnaires, 12 (38%) included nursing diagnoses used in the community health nursing programs. A total of 55 nursing diagnoses were listed.

(a) Health Concern Emphasis

A wide variety of health concerns was expressed in the nursing diagnoses. Twelve nursing diagnoses involved family functioning. Two examples were:

Table 2

Number of Programs, Percentage of Programs and Program Emphasis

Number programs	Percent programs	Community	Health planning	Family & group	Family	Other
2	7	x	x	x	x	
2	7	x	x	x		
2	7	x		x	x	
1	3	x		x		x
4	14	x	x			
2	7	x		x		
3	10	x			x	
1	3	x				x
7	24	x				
2	7			x		
2	7		x			
1	3					x
29	99					

1. Actual alteration in family functioning.

2. Potential alteration in parenting.

General community description was involved in nine of the nursing diagnoses. Two examples follow:

1. Powerlessness (perceived community).

2. Community priorities/probability of action.

Nine nursing diagnoses concerned health care resources. Examples are:

1. Community gaps in service delivery.

2. Health care maintenance alteration related to limited health care resource.

Another category of health concerns was problems involved with reproduction. Four diagnoses could be classified in this category. Examples are:

1. Increased infant mortality/morbidity.

2. Frequency of adolescent pregnancy.

Twenty-one of the 55 nursing diagnoses could not be categorized into one of the four categories created: family functioning, general community, health care resources, and reproduction. This emphasizes the variety of health concerns reported.

(b) Client Focus Emphasis

Of the four client foci possible (community, family, group, and individual), all were readily identified. The

concept of community was found in 23 (41%) nursing diagnoses while 14 (25%) nursing diagnoses involved family. Group client focus was involved in 8 (15%) nursing diagnoses, and 8 (15%) diagnoses could not be classified as to client focus. Two (4%) nursing diagnoses were individual in nature. Client focus categories are shown below:

Community

Actual deficit in the environment.

Actual impairment in use of community resources

Community activism/political analysis

Community assessment

Community competence

Community gaps in service delivery

Community incompetence

Community priorities/probability of action

Community trends and systems, issues/dilemmas

Exchange of goods and services within the community

Exclusionary boundaries

Fear of AIDS

Health care maintenance alteration related to limited health care resources

Illiteracy

Inadequate environmental support

Lack of recreational facilities

Potential for impaired gas exchange related to usage of wood burners

Potential for poisoning related to incorrect solid waste disposal and ground water pollution in limestone valley areas

Powerlessness (perceived community)

Preventable morbidity/mortality (e.g., homicide, suicide, accidents)

Safety hazards

Unstable patterns of interaction

<u>Family</u>

Actual alteration in family functioning

Actual impairment in parenting

Alterations in family process

Alterations in parenting

Family coping--potential for growth

Family inadequacies in caring for low-birth weight infants

Homelessness

Impaired home maintenance management

Inadequate parenting behaviors

Ineffective coping--family

Ineffective family coping--compromised or disabling

Potential alteration in parenting

Stress on family system

Group

Frequency of adolescent pregnancy

Health needs of school-age children

Impaired health related to poverty with women as population at risk

Increased infant mortality/morbidity

Infant mortality

Self-care deficits in school-age and adult aggregate related to lack of health promotion programs

Social isolation

Teen pregnancy

Other (Unclassified)

Actual alteration in nutrition

Health maintenance alteration

Health management deficit

Knowledge deficit--cognitive and psychomotor

Lack of basic needs

Lack of knowledge

Spiritual distress

Substance abuse

Individual

Ineffective coping--individual

Sensory--perceptual alterations

Table 3 summarizes the findings concerning the client foci of nursing diagnoses.

(c) Level of Prevention Emphasis

All 55 nursing diagnoses were placed into one of the three levels of prevention--primary, secondary, or tertiary. Another researcher may have categorized some concepts differently. Secondary prevention nursing diagnoses comprised 30 (55%) of the sample. Sixteen (29%) of the nursing diagnoses could be classified as primary prevention in nature. Nursing diagnoses that could be classified as tertiary prevention accounted for 9 (16%) of the total nursing diagnoses. Level of prevention categories and diagnoses follows:

Secondary Prevention

Actual alteration in family functioning

Actual alteration in nutrition

Actual deficits in the environment

Actual impairment in parenting

Actual impairment in use of community resources

Alterations in family process

Alterations in parenting

Community gaps in service delivery

Community incompetence

Table 3

Client Foci of Nursing Diagnoses

Frequency and Percentage

	Total	Community	Family	Group	Other	Individual
Frequency	55	23	14	8	8	2
Percent	100%	41%	25%	15%	15%	4%

Exclusionary boundaries

Frequency of adolescent pregnancy

Health care maintenance alteration related to limited health care resource

Health maintenance alteration

Health management deficit

Inadequate environmental support

Inadequate family planning

Inadequate parenting behaviors

Ineffective coping--family

Impaired health related to poverty with women as population at risk

Impaired home maintenance management

Lack of recreational facilities

Powerlessness (perceived community)

Safety hazards

Self-care deficits in school-age and adult aggregates related to lack of health promotion programs

Spiritual distress

Stress on family system

Substance abuse

Teen pregnancy

Unstable patterns of interaction

<u>Primary Prevention</u>

Community activism/political analysis

Community assessment

Community competence

Community priorities/probability of action

Community trends and systems, issues/dilemmas

Exchange of goods and services within the community

Family coping--potential for growth

Family inadequacies in caring for low birth-weight infants

Fear of AIDS

Health needs of school-age children

Knowledge deficit--cognitive and psychomotor

Lack of knowledge

Potential alteration in parenting

Potential for impaired gas exchange related to use of wood burners

Potential for poisoning related to incorrect solid waste disposal, and ground water pollution in limestone valley areas

Resource utilization/development

Tertiary Prevention

Homelessness

Illiteracy

Increased infant mortality/morbidity

Ineffective family coping--compromised or disabling

Infant mortality

Lack of basic needs

Preventable morbidity/mortality

Sensory--perceptual alterations

Social isolation

Levels of prevention along with frequency and percentages of each are presented in Table 4. Table 5 displays the client focus and level of prevention categories of the nursing diagnoses used by master's community health nursing students in the sample.

Nursing Diagnosis Format

Of 55 statements listed as nursing diagnoses reported, 5 used two-part format which implements the term "related to." Two examples are given.

1. Potential for impaired gas exchange related to use of wood burners.

2. Self-care deficits in school-age and adult aggregate related to lack of health promotion programs.

Two diagnoses used another two-part format as follows:

1. Family coping--potential for growth.

2. Ineffective family--compromised or disabling.

The remaining 48 statements listed as nursing diagnoses were constituted of only one part similar to the format for writing the nursing problem. Examples are as follows:

1. Actual impairment in use of community resources.

2. Alterations in family process.

Table 4

Level of Prevention of Nursing Diagnoses

Frequency and Percentages

	Total	Secondary	Primary	Tertiary
Frequency	55	30	16	9
Percent	100	55%	29%	16%

Table 5

Level of Prevention and Client Focus of Nursing Diagnoses by Percentage and Rank Order

Level of prevention	Community	Family	Group	Other	Individual
Secondary	20%	16%	7%	9%	2%
Primary	18%	5%	2%	4%	--
Tertiary	4%	4%	5%	2%	2%

Research Question Four

What is the conceptual or theoretical framework, model, or theory used as the framework for the community health nursing specialty to help in formulating nursing diagnoses?

In answer to the question whether a particular conceptual or theoretical framework model, or theory was used as a framework for community health nursing specialty program, 8 (25%) answered "yes." Twenty-one (66%) answered "no", and 3 (9%) did not answer. Of those 8 respondents who answered positively, each respondent's program used one of the following frameworks:

Blum's Paradigms

Community Organization

Conceptual Model of College of Nursing

Equilibrium/Disequilibrium

Natural History of Disease Systems

Neuman (Betty)

Nursing for the Whole Person Theory

While the question did not request the study participants to list which theories are taught or analyzed in their programs, some respondents gave that information. The theories are listed below with the number of programs reporting the theory.

Theory taught or analyzed	Number of programs reporting theory
Orem	3
Systems	3
King	2
Neuman Systems Model	2
Rogers, Martha	2
Roy	2
Change	1
Communication	1
Community Assessment and Health Planning	1
Development	1
Decision-making	1
Epidemiological Approach	1
Family	1
Group Process/Dynamics	1
Learning	1
Levels of Prevention	1
Martha E. White	1
Newman, Margaret	1
PROCEDE Evaluation Model	1
(Students Develop Theoretical Framework)	1
Targeting Aggregates	1

Comments of Respondents

Seventeen of the 32 questionnaires included comments. Several responded to the questionnaire format. Those referring to nursing diagnosis as it fits into curriculum content follow:

1. "This question was difficult to answer because each option has a different focus and each focus has specific faculty who teach it. Thus, as graduate coordinator, I could not answer completely. I do know that nursing diagnosis is emphasized in the GNP option."

2. "The primary emphasis in the graduate program in community health nursing is a focus on populations--community as target. Nursing diagnoses are taught in the undergraduate program at this school."

3. "Although we expect graduate students to apply the diagnostic process in their clinical experience with both families and communities. Creativity is the norm because of a lack of diagnostic categories and/or criteria for families and communities as clients.

4. "Nursing diagnosis, in the strict sense is taught in the undergraduate curriculum. The M.S. curriculum in PHN spends a fair amount of time on community diagnosis and the use of it in program planning and evaluation."

"This questionnaire makes me feel as though I'm trying to put a square peg in a round hole. Recent literature reviews should demonstrate to you a lack of established nursing diagnoses applicable to community health nursing."

5. "We do not use an established typology so it is not possible to answer this question accurately."

6. The diagnoses are not "nursing." Since students are at the aggregate level, the problems identified are not just nursing problems.

7. "We do not use nursing diagnoses in program--we do at the baccalaureate level, however, where the emphasis is family/group."

8. "We have not found wellness-oriented diagnoses to be sufficiently developed for our purposes."

9. "The nursing diagnoses that are developed come from the needs assessment of the communities that the students are working with. The present list of nursing diagnoses from Gordon's Manual of Nursing Diagnoses are at the individual level and do not fit the focus on community diagnosis, therefore, the students write their own diagnoses."

Comments suggested educators look to literature to provide nursing diagnoses. Using the nursing diagnostic process to fit their own situation may be useful.

Summary of Findings

A list of summary statements is given below:

1. A majority (56%) of NLN accredited master's programs that offer community health nursing specialization teach or use nursing diagnosis.

2. A large percentage (83%) of the programs emphasize community in their programs.

3. Within the nursing diagnoses reported, no one health concern was predominant.

4. Community constituted the client in the majority of the nursing diagnoses while family as client ranked second.

5. All nursing diagnoses were categorized into a level of prevention.

6. Eight theories, frameworks, or models were reported as frameworks for eight programs.

7. Twenty-three theories, frameworks, or models were taught or analyzed in the programs.

8. Some community health nursing educators look to literature to provide nursing diagnoses rather than using the process to fit their situation.

CHAPTER V

SUMMARY OF THE STUDY

The results of the study are discussed in this chapter as they begin to build on scientific knowledge of community health nursing. A researcher-developed framework was tested for usefulness in community health nursing. Comparison of findings in the study with other published research is accomplished in this chapter.

Summary

The problem researched was to describe the extent nursing diagnosis is taught, the program emphasis, the nature of the diagnoses used, and the conceptual or theoretical framework used in National League for Nursing accredited master's programs that offer specialization in community health nursing. The framework for the present study was researcher-developed and consisted of four concepts: (a) the nursing process, (b) health concern, (c) the client focus, and (d) the level of prevention.

The Nursing Process conceptual framework was tested by using the questionnaires returned by 32 National League for Nursing accredited master's programs that offer specialization in community health nursing. The study yielded eight major findings which are listed as follows:

1. A majority (56%) of National League for Nursing accredited master's level nursing programs that offer specialization in community health nursing teach or use nursing diagnosis.

2. A large percentage (83%) of the programs emphasize community in their programs.

3. Within the nursing diagnoses reported, no one health concern was predominant.

4. Community constituted the client in the majority of nursing diagnoses, while family as client ranked second.

5. All nursing diagnoses were categorized into a level of prevention.

6. Eight theories, frameworks, or models were reported as frameworks for eight programs.

7. Twenty-three theories, frameworks, or models were taught or analyzed in the programs.

8. Some community health nursing educators look to literature to provide nursing diagnoses rather than using the process to fit their situation.

Discussion of Findings

The major findings of the study with discussion follow:

1. A majority (56%) of the sample teaches or uses nursing diagnosis. No literature could be found regarding

use of nursing diagnosis in master's level community health nursing.

A large percentage of programs (83%) in the sample emphasized community in their programs. Williams (1977) asserted that community health nursing should consider communities and groups, not just families in the context of community. In 1983, Hamilton also agreed that consideration of the community as client was necessary in community health nursing. Authors of textbooks (Clamen et al., 1981; Griffith & Christensen, 1982, 1986; Logan & Dawkins, 1986; Spradley, 1981, 1985; Stanhope & Lanchaster, 1984) agree that community as client is a necessary element of community health. Research literature concurs that using community as client in teaching even at the baccalaureate level can be very practical and beneficial (Kurtzman et al., 1981).

3. Within the nursing diagnoses reported no one health concern was predominant. Griffith and Christensen (1982, 1986) listed health concern as an essential part of the nursing diagnostic process. Health concerns, though varied, fit into the nursing process as part of the diagnostic process.

4. Community constituted the client in the majority of nursing diagnoses while family as client ranked second.

This seems to validate Finding #2 which stated 83% of the programs emphasize community within their program. The fact community as client ranked first by the majority of respondents supports the reasoning that asserts that nurses should be involved with communities. The main proponents of this position would be Hamilton (1983), Williams (1977), and Spradley (1981, 1985), and Clemen, Eigsti, and McGuire (1981). Community nursing diagnoses though not apparent in books on the proceedings of the National Conferences on Classification of Nursing Diagnoses (Gebbie, 1976; Gebbie & Lavin, 1975; Kim & Moritz, 1982; Kim, McFarland, & McLane, 1984) were reported as being used by master's level community health nursing programs studied.

5. All nursing diagnoses were categorized into a level of prevention. Leavell and Clark (1965) were the first to outline the three levels of prevention (primary, secondary, and tertiary) in a public health textbook. Later levels of prevention appeared in the <u>Standards of Community Health Nursing</u> (ANA, 1973). Neuman (1982) included levels of prevention in her nursing model. Many community health nursing textbooks include primary, secondary, and tertiary levels of prevention as an integral part of community health nursing (Clemen et al., 1981; Spradley, 1981, 1985; Stanhope & Lanchaster, 1984).

Anderson, McFarlane, and Helton (1986) also found levels of prevention useful in a framework used in a community health nursing project.

6. Eight theories, frameworks, or models were reported as frameworks for eight programs. This would indicate diversity among programs but some commitment to use of theory in community health nursing. Hamilton (1983) asserted that many nursing theorists assume that theories can be used for individuals or aggregates without modification. She stated that this assumption needs to be tested.

Of the theories mentioned, systems theory and community organization theory are very prominent in community health nursing textbooks and literature. Equilibrium/disequilibrium is often mentioned as part of systems theory. The Neuman Systems Model (Neuman, 1982) was designed especially for a community health nursing course in the beginning. Blum's Paradigms are used in community health nursing. But Nursing for the Whole Person Theory and Natural History of Disease are not usually used in community health nursing textbooks. How the conceptual model of a particular college of nursing would be used in CHN would depend on the elements of the model.

7. Twenty-three theories, frameworks, or models were taught, or analyzed in the programs. Along with Finding #6, this disclosure indicates that theories are useful in community health nursing, but the diversity of the area of CHN dictates a need for many theories.

The Nursing Process Conceptual Framework being tested in the present study encourages use of many theories. Of the 23 theories listed as being taught or analyzed by community health nursing programs, all could be used with the framework. Neuman's Systems Model, Systems Theory, Community Assessment, and Health Planning are all very useful in assessment of communities as well as individuals, families, and groups. Elements of King's Model could be used at the goal setting level of the framework.

Developmental theories are used to predict needs of groups at risk. Risk reduction and the Epidemiological approach are also used to predict groups at risk. When groups at risk are discovered, levels of prevention can be used to target aggregates with appropriate communication for change by using change and learning theories. Decision-making theory is appropriate at all levels of prevention and with aggregates as well as individuals.

Family theory is, of course, useful in dealing with families. Group Process/Dynamics is useful with families

and groups. Stress-Response theory is useful at all levels of prevention, but especially useful at the secondary level.

The nursing theories or Orem, Rogers, Roy, and Newman are more appropriate to the individual client focus. But Roy's is useful at the intervention phase of the nursing process. The PROCEDE Evaluation Model and Martha E. White's framework are not so common to community health nursing literature.

8. Some community health nursing educators look to literature to provide nursing diagnoses rather than using the process to fit their situation. Authors such as Gordon (1982), Griffith and Christensen (1982, 1986), and Ziegler et al. (1986) emphasized the process rather than an approved list of nursing diagnoses. However, the National Conference on Nursing Diagnoses group has continued to publish lists of nursing diagnoses which are approved. This has led some to hesitate to use nursing diagnoses that were not approved.

Thinking needs to broaden to include the elements and functions of aggregates to formulate appropriate nursing diagnoses. The process should be appropriate for any client focus. The process should be modifiable to meet the needs of any situation. Perhaps when direct causal

relationships cannot be identified in complex situations multiple responses and multiple etiologies may be appropriate.

Conclusions and Implications

Theoretical Framework

Nursing Practice

Findings of the study indicate that the researcher-developed conceptual framework including nursing process, health concern, levels of prevention, and client focus is appropriate for community health nursing. Concepts which were located in the responses of the faculty of master's community health nursing programs were categorized into the framework with only a few concepts which were not classifiable.

Nursing diagnoses proved to be valuable indicators of the concepts of the framework. The concept of health concern will always be divergent because the area of community health nursing spans a broad spectrum of problems.

The concept of client focus can help those in CHN to choose the proper theory to direct goal setting and interventions. The concept of multiple client foci helps to direct practice to multiple types of aggregates so that the most effective, efficient means of intervention can be

utilized. Also one health concern can have implications for one or more classifications of aggregates. This relationship can help a program to assess whether all possible client foci are being addressed.

Levels of prevention were appropriate in the community health nursing practice framework. All nursing diagnoses could be classified into a level of prevention by manifest level or latent level of concept analysis. The finding that the majority of nursing diagnoses were classified as secondary prevention implies that health promotion and primary prevention have not yet taken a leading role in community health nursing education at the master's level.

Nursing Education

In an age of complexity and expanding knowledge, it is easy for a curriculum to become enmeshed in the mass of information available to teach. A simple framework such as was outlined in the study, could not only be used to guide a CHN content in a nursing program, but also to evaluate it.

All levels of prevention are important. It is also important for nurses to be able to work with aggregates as well as individuals. If the amount of time spent studying and working with various client foci and levels of

prevention were more equally divided nursing curricula may be more in line with community needs.

Limitations

While 58 instruments were mailed, only 32 were returned. The possibility exists that if all questionnaires had been returned, the results may have been different. The implication is that further study needs to be conducted on nursing diagnosis in community health nursing.

Recommendations for Further Study

Some research studies that the present study logically suggest include:

1. Replicate the study using the telephone to ascertain just who the persons responsible for teaching community health nursing really are. Some questionnaires may not have been returned because they were not sent to a specific person.

2. Utilize the telephone to ask the faculty member to answer the questions on the Questionnaire.

3. Conduct a similar study using a revised questionnaire to discover why nursing diagnosis is or is not used.

4. From the 55 nursing diagnoses received use a panel of experts to formulate or choose a list of recommended nursing diagnoses and submit them to the National Conference on Nursing Diagnosis.

5. Replicate the study using a sampling of NLN accredited baccalaureate nursing programs that teach community health nursing.

REFERENCES

Abdellah, F. G., & Levine, E. (1975). Better care through nursing research. New York: Macmillan.

American Nurses' Association (1973). Standards of community health nursing practice. Kansas City: Author.

American Nurses' Association (1980). Nursing: A social policy statement. Kansas City: Author.

American Nurses' Association (1980). Research priorities for the 1980s: Generating a scientific basis for nursing practice. Kansas City: Author.

American Public Health Association. (1982). The definition and role of public health nursing practice in the delivery of health care. American Journal of Public Health, 72, 210-212.

Anderson, E., McFarlane, J., & Helton, A. (1986). Community-as-client: A model for practice. Nursing Outlook, 34, 220-224.

Archer, S. E. (1976). Community nurse practitioners: Another assessment. Nursing Outlook, 24, 499-503.

Archer, S. E., & Fleshman, R. P. (1975). Community health nursing: A typology of practice. Nursing Outlook, 23, 358-364.

Aspinal, M. J. (1976). Nursing diagnosis---The weak link. Nursing Ourlook, 24, 433-437.

Benson, E. R., & McDevitt, J. Q. (1980). Community health and nursing practice. Englewood Cliffs, NJ: Prentice-Hall.

Burgess, W., & Ragland, E. C. (1983). Community health nursing: Philosophy, process practice. Norwalk, CT: Appleton-Century-Crofts.

Campbell, C. (1984). Nursing diagnosis and intervention in nursing practice (2nd ed.). New York: Wiley.

Campbell, C. (1978). Nursing diagnosis and intervention in nursing practice. New York: Wiley.

Carlson, J. H., Craft, C. A., & McGuire, A. D. (1982). Nursing diagnosis. Philadelphia: Saunders.

Carnevali, D. L. (1983). Nursing care planning: Diagnosis and management (3rd ed.). Philadelphia: Lippincott.

Carnevali, D. L., Mitchell, P. H., Woods, N. F., & Tanner, C. A. (1984). Diagnostic reasoning in nursing. Philadelphia: Lippincott.

Carpenito, L. J. (1983). Nursing diagnosis: Application to clinical practice. Philadelphia: Lippincott.

Cell, P., Peters, D. A., & Gordon, J. B. (1984). Implementing a nursing diagnostic system through research: The New Jersey experience. Home Healthcare Nurse, 2(1), 26-31.

Clemen, S. A., Eigsti, D. G., & McGuire, S. L. (1981). Comprehensive family and community health nursing. New York: McGraw-Hill.

DeBack, V. (1981). The relationship between senior nursing students' ability to formulate nursing diagnoses and the curriculum model. Advances in Nursing Science, 4(2), 51-66.

Friedman, M. M. (1981). Family nursing: Theory and assessment. New York: Appleton-Century-Crofts.

Fromer, M. J. (1979). Community health care and the nursing process. St. Louis: Mosby.

Fromer, M. J. (1983). Community health care and the nursing process (2nd ed.). St. Louis: Mosby.

Fox, D. J. (1976). Fundamentals of research in nursing (3rd ed.). New York: Appleton-Century-crofts.

Gaines, B. C., & McFaland, M. B. (1984). Nursing diagnosis: Its relationship to and use in nursing education. Clinical Topics in Nursing, 5(4), 39-49.

Gebbie, K. M. (1976). Summary of the second national conference: Classification of nursing diagnoses. St. Louis: National Group for Classification of Nursing Diagnoses.

Gebbie, K. M., & Lavin, M. A. (1975). Classification of nursing diagnoses: Proceedings of the first national conference. St. Louis: Mosby.

Gebbie, K. M., & Lavin, M. A. (1974). Classifying nursing diagnoses. American Journal of Nursing, 74, 250-253.

Gordon, M. (1982). Nursing diagnosis: Process and application. New York: McGraw-Hill.

Griffith, J. W., & Christensen, P. J. (1982). Nursing process application of theories, frameworks, and models. St. Louis: Mosby.

Griffith-Kenney, J. W., & Christensen, P. J. (1986). Nursing process: Application of theories, frameworks, and models (2nd ed.). St. Louis: Mosby.

Hamilton, P. (1983). Community nursing diagnosis. Advances in Nursing Science, 5(3), 21-36.

Higgs, Z. R., & Gustafson, D. D. (1985). Community as a client: Assessment and diagnosis. Philadelphia: Davis.

Johnson, M. N., Vaughan-Wrobel, B., Ziegler, S. M., Hough, L., Bush, H. A., & Kurtz, P. (1982). Use of the Neuman Health-Care Systems Model in the master's curriculum: Texas Woman's University. In B. Neuman, The Neuman Systems Model: Application to nursing education and practice (pp. 130-152). Norwalk, CT: Appleton-Century-Crofts.

Kerlinger, F. N. (1973). Foundations of behavioral research (2nd ed.). New York: Holt, Rinehart, and Winston.

Kim, M. J., McFarland, G. K., & McLane, A. M. (Eds.). (1984). Classification of nursing diagnoses: Proceedings of the Fifth National Conference. St. Louis: Mosby.

Kim, M. J., & Moritz, D. A. (Eds.). (1982). Classification of nursing diagnoses: Proceedings of the Third and Fourth National Conferences. New York: McGraw-Hill.

Kurtzman, C., Ibgui, D. G., Pogrund, R., & Monin, S. (1980). Nursing process at the aggregate level. Nursing Outlook, 28, 737-739.

Leahy, K. M., Cobb, M. M., & Jones, M. C. (1977). Community health nursing (3rd ed.). New York: McGraw-Hill.

Leahy, K. M., Cobb, M. M., & Jones, M. C. (1982). Community health nursing (4th ed.). New York: McGraw-Hill.

Leavell, H. R., & Clark, E. G. (1965). Preventive medicine for the doctor in his community: An epidemiological approach (3rd ed.). New York: McGraw-Hill.

Lee, A. L., & Strong, K. A. (1985). Using nursing diagnosis to describe the clinical competence of baccalaureate and associate degree graduating students: A comparative study. Image, 17, 82-85.

Logan, B. B., & Dawkins, C. E. (1986). Family-centered nursing in community. Menlo Park, CA: Addison-Wesley.

Martin, K. (1982). A client classification system adaptable for computerization. Nursing Outlook, 30, 515-517.

Matthews, C. A., & Gaul, A. L. (1979). Nursing diagnosis from the perspective of concept attainment and critical thinking. Advances in Nursing Science, 2(1), 17-26.

Merriam-Webster Inc. (1984). Websters ninth new collegiate dictionary. Springfield, MA: Merriam-Webster.

Mundinger, M. O. (1980). Autonomy in nursing. Germantown, MD: Aspen Systems.

National League for Nursing (1985). Master's education in nursing 1985-86. New York: Author.

Neuman, B. (Ed.). (1982). The Neuman Systems Model: Application to nursing education and practice. Norwalk, CT: Appleton-Century-Crofts.

Polit, D., & Hungler, B. (1983). Nursing research: Principles and methods (2nd ed.). Philadelphia: Lippincott.

Schoolcraft, V. (Ed.). (1984). Nursing in the community. New York: Wiley.

Shepard, J. M. (1974). Basic sociology: Structure, interaction,and change. New York: Harper & Row.

Spradley, B. W. (1981). Community health nursing: Concepts and practice. Boston: Little, Brown.

Spradley, B. W. (1985). Community health nursing: Concepts and practice (2nd ed.). Boston: Little, Brown.

Stanhope, M., & Lanchaster, J. (Eds). (1984). Community health nursing: Process and practice for promoting health. St. Louis: Mosby.

Sullivan, J. A. (Ed.). (1984). Directions in community health nursing. Boston: Blackwell.

Tinkham, C. W., & Voorhies, E. F. (1977). Community health nursing: Evolution and process (2nd ed.). New York: Appleton-Century-Crofts.

Tinkham, C. W., Voorhies, E. F., & McCarthy, N. C. (1984). Community health nursing: Evolution and process in the family and community (3rd ed.). Norwalk, CT: Appleton-Century-Crofts.

U.S. Department of Health, Education, & Welfare (1979). Healthy people: The surgeon general's report on health promotion and disease prevention. Washington, DC: Author.

Warren, R. L. (1963). The community in America. Chicago: Rand McNally.

Williams, C. A. (1977). Community health nursing: What is it? Nursing Outlook, 25, 250-254.

Wilson, H. S. (1985). Research in nursing. Menlo, CA: Addison-Wesley.

Young, R. K. (1982). Community nursing workbook: Family as client. Norwalk, CT: Appleton-Century-Crofts.

Ziegler, S. M. (1982). Taxonomy for nursing diagnosis derived from the Neuman Systems Model. In B. Neuman, _The Neuman systems model: Application to nursing education and practice_ (pp. 55-68). Norwalk, CT: Appleton-Century-Crofts.

Ziegler, S. M., Vaughan-Wrobel, B., & Erlen, J. (1986). _Nursing process, nursing diagnosis, and nursing knowledge Avenues to autonomy_. Norwalk, CT: Appleton-Century-Crofts.

APPENDIX A

Questionnaire

357 Corporate Dr., #1013
Lewisville, TX 75067
November 29, 1986

Dear Colleague:

As an educator in community health nursing, I believe you share my concern that community health nursing be well defined within the profession as well as in the general population. In order to better define the specialty area of community health nursing, I am asking representatives in all NLN accredited master's level programs that offer specialization in community health nursing to complete the enclosed survey and mail it back to me in the enclosed envelope by December 16, 1986.

This research is being done as my doctoral dissertation at Texas Woman's University. Analysis will indicate only group results. Confidentiality will be maintained. Should you desire a brief review of the results of the survey, please complete the form on page 3. If you wish further anonymity, you mail the form separately.

Completion of the questionnaire will indicate your consent to participate in the research study. Thank you very much for your participation.

Sincerely,

Doreen L. Friesen Shephard,
RN, MPH
Doctoral Candidate in College
of Nursing
Texas Woman's University
P. O. Box 23026
Denton, Texas 76204

COMPLETION OF THE QUESTIONNAIRE WILL INDICATE YOUR CONSENT TO PARTICIPATE IN THE RESEARCH STUDY

QUESTIONNAIRE

A. Is nursing diagnosis taught as part of any master's level course in your program? circle: Yes No

B. What is the program emphasis of the community health nrusing program? Circle: Other____________________

Family   Family & Group   Community   Health planningN

C. List the five nursing diagnoses most commonly used by master's level students specializing in community health.

1.

2.

3.

4.

5.

D. Is one particular conceptual or theoretical framework, model, or theory used in your community health nursing specialty program? Circle: Yes No

If so, please give the name.N

E. Comments:

Please send me a summary of the results of the survey:

Name or Occupant____

Street____

City____

State_______________________________________ Zip__________

APPENDIX B

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

November 24, 1986

Ms. Doreen Friesen Shephard
357 Corporate Dr., #1013
Lewisville, TX 75067

Dear Ms. Friesen:

Thank you for providing the material necessary for the final approval of your prospectus in the Graduate Office. I am pleased to approve the prospectus, and I look forward to seeing the results of your study.

If I can be of further assistance, please let me know.

Sincerely,

Leslie M. Thompson
Provost

dl

cc Dr. Helen Bush
Dr. Anne Gudmundsen