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Short Communication

A qualitative study to develop an instrument for initial nurse assessment

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ABSTRACT

Complex health care needs focus on accountability and necessity of inclusion of nurses in documenting and monitoring clinical care plans have brought in the concept of initial nurse assessment and nursing process. However, no standardized form exists in the Armed Forces Medical Services to document initial nursing observations while a patient is being admitted in service hospitals.

A focus group design was utilized to explore and conceptualize an initial nurse assessment form that may be utilized by service hospitals.

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Introduction

Increasingly complex health care needs and the current focus on accountability require a shift toward high quality care that is patient-centered, evidence-based, and outcome-oriented.^{1,2} This shift will require nurses, the largest group of direct care providers in health care to be full partners in the process of care by taking responsibility for identifying problems, devising plans for improvement, monitoring improvement over time, and serving as strong patient advocates.³

Nursing process (NP) has now become recognized as a systematic scientific method, based on efficient achievement of nursing objectives in patient care. The first phase of the NP is patient assessment, when the nurse collects information to establish a clear image of the patient's health status that will

constitute the basis for diagnosis and further interventions.⁴ This initial assessment is not always performed systematically, either due to lack of time⁵ or lack of sufficiently useful instruments to guide patient assessment.⁶

Nurse documentation is considered a core element of nursing with a specific purpose of securing well planned, evaluated and documented patient care as well as promoting communication among the care-givers. An additional profit of quality nursing documentation is the opportunity in facilitating continuity, individualized care, and patient safety.⁷

Initial nursing assessment as an essential component of NP and nursing care plan is being practiced in all service hospitals. However, no standardized format exists for documenting the assessment process, resulting sometimes in loss of continuity, missing of vital information, and failure to evolve a proper nurse diagnosis.

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The aim of the present study is to design an initial nursing assessment form that can be adopted for use in hospitals of the Armed Forces Medical Services (AFMS).

Materials and methods

A focus group design was used to explore the perception of nursing officers in developing the initial nurse assessment form. Focus group involves organized discussion with a selected group of individuals to gain information about their views and experiences of a topic and to obtain information of qualitative nature from a pre-determined and limited number of participants.⁸ Focus group discussions allow the researcher to probe both the cognitive and emotional responses of participants while observing the underlying group dynamics.⁹

The study is of descriptive design with a qualitative approach and study participants were 8 clinical female nurses with professional service ranging from 1 to 18 years, with a median service of 7.5 years. The inclusion criterion of a participant was being acute member working at acute in-patient units of the hospital with experience in patient care. Purposive sampling was utilized by the nursing management to ensure representation from all wards of the hospital in the study group. All participants were informed of the objective and design of the study and a written consent taken from each of the participants.

Effective focus groups need a well-researched interview guide, starting from general topics to specific questions. Various nurse assessment forms in the literature were studied to identify common topics for initial assessment and open-ended questions were developed on such topics to stimulate discussion by the group. The entire group discussion was facilitated by the principal author, audiotaped as well as hand-written notes being taken during the discussion. Coding them occurred, transforming and combining the raw data into specific themes, which allowed for the description of relevant content characteristics.

Results

The qualitative analysis led to the emergence of various important themes from the focus group data.

Basic information about the patient

The first theme that emerged in respect of the initial nursing assessment was basic information about the patient. All participants agreed that duplication of information between medical case sheet and nurse assessment form must be avoided. However, certain basic inputs like history of any allergy or absence thereof, body weight, radial pulse, body temperature, and pain score must be noted during initial assessment. The pain score was specially emphasized, pain being recognized as a fifth vital parameter. Participant 3 commented.

“How the patient was brought in the ward, need for assistance while being admitted, his educational status and his/her capability to communicate with the nursing staff is

a vital input that must find a place in the Basic Information theme.”

Orientation to hospital services

All informants of the focus group were unanimous that certain information must be provided to the patient and his attendants during admission, specially location of sanitary facilities, availability of nurse call bells, visit policy, and ban on any outside medication for the patient. Moreover, all initial queries of the patient and his relatives must be clarified and a summary of the same noted in the assessment form.

Mental and emotional status of patient

The theme of mental status of the patient at the time of admission evoked spirited discussion with difference of opinion as to its necessity for assessment by the nursing officers, as the same is supposed to have been evaluated by the admitting medical officer. However, participant 7 commented.

“Continuous monitoring of the patient, particularly those in critical condition falls within the purview of nurse responsibility. Hence, a baseline observation in respect of mental status during admission is vital during initial nursing assessment.”

Valuables

Participants agreed that withdrawal of valuables should be completed at the accident and emergency department during admission. However, experience of the participants while working in patient care wards has taught them that this important issue is frequently missed and should be included to prevent any theft in their wards.

Diet plan

Participant no 5 commented on the diet plan.

“There are certain types of Diet laid down in Armed Forces Hospitals, such diets being reflected in daily Diet sheet being prepared by in-patient wards. However, the concept of Therapeutic Diet is much wider than the present diet scales and therapeutic diet plans prescribed by specialist officers must form part of initial nursing assessment.”

Other participants voiced their concern that simply noting down a particular type of diet not available in ration scales may not lead to catering of correct diet for a patient, especially in smaller hospitals without dietitians or catering officers posted with such hospitals.

Vulnerability assessment

Assessment for vulnerability has been recognized as a key evaluation parameter for nurse evaluation and diagnosis and the same is particularly true for those patients who are vulnerable due to age, physical condition, or psychological dependence. The participants whole-heartedly agreed on

identifying vulnerable categories for patients of geriatric age group, physically challenged, patients suffering from intense pain, and terminally ill patients.

Participant 6 opined that all patients suffering from communicable diseases or immuno-compromised themselves must be assessed for patient and staff safety.

Another participant commented on the topic of suspected drug or alcohol dependence, which is not so uncommon in hospital practice and may require care in a psychiatric ward. All participants agreed on being vigilant about signs of alcohol dependence or withdrawal and referring such cases for psychiatric care.

The topic of fall risk assessment was raised and all participants agreed on the necessity of an initial risk assessment to prevent patient fall, Morse scale to be utilized for such assessment. However, one participant commented that fall risk assessment may be done selectively and not in general for all patients. Similarly, risk assessment for pressure sores by Braden Scale was also considered to be an important parameter during initial nursing assessment.

Miscellaneous needs

Participant no 3 initiated the theme of miscellaneous needs by stating

“Certain critical nursing care issues are still left out, the main issue being any assistance required by patients with Artificial Prosthesis. Moreover, care for urinary incontinence and need for Oxygen inhalation in specific terms will be important parameters to be assessed by the Nurse during initial observation.”

Subsequently, other needs were also discussed, that for an interpreter because of multi-lingual character of patients of service hospitals and requirement of assistance from the religious teacher of the hospital, if asked for.

The group thereby agreed that all initial observations must be subjected to critical analysis and synopsis made toward arriving at an initial nursing diagnosis.

At the end of the discussion, two participants expressed their reservations about the feasibility of practice of initial nurse assessment for every inpatient due to staffing constraints and probable restriction of such practices to intensive care areas only. However, these reservations were not shared by other participants of the group.

Discussion

We have undertaken a focus group discussion to conceptualize an initial nursing assessment form for patients being admitted to service hospitals with the objective of arriving at an evidence-based nurse diagnosis for every in-patient.

Good clinical records to support future care planning, service evaluation, and performance audit will remain incomplete without active participation of the nursing officer. The nurse is expected to gather patient-related nursing information and generate a tentative nursing diagnosis that

may be subsequently confirmed, altered, or rejected on careful analysis of the information gathered.

Various basic information is gathered by the clinician while examining a patient and subsequently admitting such patients for in-patient care. However, in addition to generating a base-line of vital parameters for future monitoring of the patient, nurses will require inputs in relation to capability of the patient to be ambulatory on his own or with assistance. Similarly, nurse-patient communication will depend on comprehension of such interchange by both the sender as well as the receiver in same language. Given the multi-regional nature of patients treated in service hospitals, communication barrier in terms of language may actually block and disturb vital communication necessary during patient care.

History of allergies is frequently missed during clinical history taking and various allergies are not entirely unknown to create medical complications. Such history and basic pain score during admission are vital inputs for patient safety, even at the cost of repetition of information gathered. Similar initial information was observed to be an essential component of an acute-care hospital nursing assessment form.¹⁰

Hospitals are not preferred visit areas for normal individuals, unless constrained to attend due to illness. Hence, basic policy and procedures related to hospital services are relatively unknown to patients and their families and thus, orientation to such policies remain to be an initial duty for nurses while admitting a patient. Similarly, initial mental and emotional status of the patient as observed by a trained nursing officer is expected to form a vital input for future monitoring and clinical interventions.

Theft of valuables remains a concern for both the ward as well as hospital management. Though a policy exists in most hospitals to actively discourage patients to carry any valuables during admission, care to avoid any future administrative complication may require information on this issue during initial observation.

Diet and nutrition has gone beyond simple catering of food and now forms an important part of clinical therapeutic plan. Need for recoding diet plan for the admitted patient is omnipresent in all nursing assessment forms¹¹ and thus included in the recommended form developed in our study.

There is a growing body of evidence that suggests that nurses have a separate and identifiable effect on patient hospital outcomes¹² and nursing assessments are strongly correlated with in-hospital and post-discharge mortality and morbidity.¹³ Maximum application of the observations made probably applies to early recognition of patient vulnerabilities by attending nurses, such recognition leading to effective preventive actions against any further deterioration in the health status of the patient.

Certain miscellaneous needs outside the realm of clinical records exist, many of them reflecting the humanistic aspect of nursing care. Assistance for incontinent patients or patients with artificial prosthesis are some of those needs that will guide an important component of nursing care. Lastly, spiritualism cannot be separated from the Indian psyche and hence, request for religious counseling will possibly complete the initial nursing assessment process.

The whole exercise of nursing assessment will remain incomplete without rational analysis of the various

observations leading to the nurse diagnosis, the vital component of the NP.

Besides the threats of Groupthink and “Dominance by few” associated with the group dynamics of focus group discussions, the local context of a single group with a limited sample size will probably limit generalization of our findings. Holding of similar focus groups in other hospitals of the AFMS will be the way forward to design an acceptable initial nursing assessment form for service hospitals.

Several studies have identified patient assessment as a key theme in early recognition of patients at risk from clinical deterioration in hospital wards, with missed clinical markers being identified as a pertinent issue for nursing practice.¹⁴ Standardized initial nursing assessment in military hospitals will probably address a gap in the comprehensive patient care process being practiced by the Armed Forces health care system, though at a perceived cost of nursing time in hospital wards.

Conflicts of interest

The authors have none to declare.

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