

ANS Open Forum

In this issue's Open Forum, the participants were requested to respond to questions related to the development of nursing diagnoses. Each of these participants has been actively involved in research and other endeavors related to the development of nursing diagnoses, and each speaks from her own background and experience.

Individuals who are interested in participating in future Open Forums are urged to contact the Editor, ANS, 20010 Century Boulevard, Germantown, MD 20767. Please indicate topics or issues to which you would like to respond.

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ESTABLISHING NURSING DIAGNOSES

ANS: Are the efforts to establish nursing diagnoses conducive to the development of nursing science?

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BH: Yes, the establishment of nursing diagnoses by identifying and validating certain phenomena of concern to nursing practice is a very useful process in the development of nursing science.

Nursing science is that body of knowledge derived from and developed through the practice of nursing. The formulation and application of practice-oriented theory is crucial to the development of nursing science. One important step in the process of theory development is defining concepts or identifying phenomena of concern to a discipline. A logical, systematic approach to identifying and classifying nursing diagnoses (statements that are related to or derived from nursing concepts) can contribute meaningfully to theory development in nursing and in turn to the science of nursing.

It is imperative, however, that we critically analyze the validity and usefulness of the nursing diagnoses now in practice. This will prevent nursing from claiming what has already been accepted within another discipline such as medicine.

ANS: Is inductive or deductive methodology, or both, best suited to the development of nursing diagnoses?

BH: Both approaches have merit; however, nurses involved in the establishment of nursing diagnoses should be aware of the approach(es) being used and the limitations inherent in each. The deductive approach represents the use of a nursing conceptual framework as the basis for deriving a typology of nursing diagnoses. The inductive approach permits the nurse to identify problems of concern in the practice setting and reason from those problems the system of classifying the nursing diagnoses. The most serious concern in using the inductive approach is

that most nurses base their practice on some eclectic frame of reference and, if they are practicing in the hospital, they are being heavily influenced by the medical model. Although it is important to determine what types of nursing diagnoses are being identified in the practice setting, the diagnoses may very well be statements of medical phenomena rather than nursing phenomena and, in the final analysis, not acceptable for classification as nursing diagnoses.

The deductive approach requires the use of one conceptual framework which limits the scope of nursing practice and the identification of nursing diagnoses. It is unlikely that all phenomena of concern to nursing are being considered in such a classification schema and the nursing diagnoses generated by the schema.

Since the establishment of nursing diagnoses is in the early stage of development, the scope of nursing practice can best be examined by using both the inductive and the deductive approach.

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NEED FOR A NURSING DIAGNOSTIC TAXONOMY

For the past year I have been in a position which diverts my attention from nursing's internal concerns and gives me an opportunity to view the profession as it interrelates with others in the health care field. While this limits my sense of assurance in addressing some questions in regard to nursing diagnosis, I believe it does enable me to speak with some assurance on the impact such development has had or may have on the profession.

ANS: *Is development of a nursing diagnostic taxonomy timely and worth the effort?*

KG: My answer to this question is a resounding "yes." The profession continues to lose ground in interdisciplinary, academic and community circles because it lacks a concise vocabulary with which to answer questions like, "What do nurses do?" Task-oriented descriptions lose credibility, since they describe simple actions such as talking with patients, managing a staff, turning bodies from side to side or

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measuring blood pressure. It is not these tasks per se which are special to nursing; it is the constellation of tasks performed with a specific client to treat a specific problem. Consistent use of an acceptable nomenclature not only raises the clarity of communication but can contribute significantly to the image of nursing as a competent, learned profession. Such an image is sorely needed if nursing is going to make its full contribution to the development of our nation's health.

ANS: *Who should work on diagnostic development?*

KG: The gap between nursing scientists and practicing nurses is wider than most of us care to acknowledge. Diagnostic conferences and related meetings have delineated the two schools of thought on developing a taxonomy: it can be devel-

oped through theoretical precision and elegant deductive reasoning; or it can be based on rich clinical examples and smooth inductive logic. The literature illustrates the gulf which exists between the two approaches. I doubt that either side realizes how poorly the other is receiving the messages being delivered.

The Third National Conference on Classification of Nursing Diagnoses included on its agenda several opportunities for inductive and deductive thinkers to encounter one another. The experience confirmed the lack of information and theory development within the profession. However, it also confirmed the potential for growth when the theorists and empiricists engage in structured dialogue.

I believe it would be an error to turn development of the diagnostic taxonomy over to either group. The profession includes individuals with a wide range of interests, capacities and potential contributions. The profession is strengthened by the number of members who can identify with the taxonomic development and who find that their own work contributes to the development. That identification is made more possible by retaining both the inductive and deductive processes.

ANS: *Can induction and deduction coexist productively?*

KG: I am not sure how a logician or philosopher would answer that question, but my response is that they must. If we are one group with a common knowledge base and goal, as we have professed for years, it is unlikely that the end results of the developmental processes will be totally incompatible. To the extent that they lead us down divergent courses, they provide the materials upon which healthy dialogue can be based. Other disciplines have

- 98 developed, and thrived on, long-standing differences of opinion. While nursing needs a consistent taxonomy, it would be unrealistic to expect one which stimulates no controversy.

ANS: *Health promotion and maintenance: Where do they fit?*

KG: Both empiricists and theoreticians have investigated how health promotion and maintenance fit into a nursing diagnostic taxonomy. Their view is that nursing differs from other health-related disciplines by its intense commitment to the "whole person" and to identifying and stimulating strengths. If the taxonomy does not reflect this special quality in nursing, the argument goes, then it is not a complete taxonomy for nursing.

I have some difficulty placing these notions into the diagnostic taxonomy. They are processes which nurses use when treating patients; they are *not* diagnoses. We probably need a taxonomy of nursing actions or treatments, and health promotion and health maintenance would go at the top of such a classification. However, they are used to treat existing or potential problems, the labels of which belong in the diagnostic nomenclature. This is obviously one of those areas for continuing debate.

Nursing is a major force in the health care field; it has made its presence known in many ways. The continued development of a diagnostic taxonomy, based on both inductive and deductive reasoning, is essential to the firmer establishment of nursing as an academic discipline, a contributing caregiver and a potent force in health care decision making.