# Evaluation of Nursing Diagnoses Perception among Nursing Students

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## Abstract

**Introduction:** The basic quality of nursing practice is being compassionate. This quality is one of the significant functions of the nursing profession. The nursing process manages the sick population holistically encompassing all domains such as socio-cultural, psychological, economic, and spiritual. It augments critical thinking too. The nursing process is also viewed from a resolution perspective. **Objectives:** The objectives of this study were to assess the student nurses' opinions on nursing diagnosis, to assess the level of perception of nursing diagnosis among student nurses, and to find the association between the level of perception of nursing diagnosis among student nurses with selected demographic variables. **Methodology:** A descriptive study to evaluate the nursing students' perception of nursing diagnoses was conducted. Permission for the study was obtained from the institutional research advisory committee. The sample population of the study consists of all students studying in the second, third, and fourth-year BSc, second and third-year GNM. Permission letters were sent to about 150 nursing colleges across India out of which, 90 colleges consented to participate in this study. A Google Form was prepared and shared. The total number of students who completed the forms was 5,532. The tool consists of two sections. Section A contains demographic variables and section B encompasses the Nursing Diagnosis Perception Scale (NDPS), a standardized instrument. It is a five-point Likert scale with 26 items and 4 subscales. The scores are calculated from 5 as 'I completely agree' to 1 as 'I completely disagree'. **Results:** The results of the study demonstrated that 52% of respondents were familiar with nursing diagnosis before nursing education, 87.3% were competent enough to make a diagnosis, 95.1% opined that NANDA-I nursing diagnosis is necessary, 95.5% believed that nursing diagnosis produced a correct, planned and systematized care, 94.8% believed that nursing diagnoses increase patients' quality of life, majority 41% reported that nursing diagnosis is the difficult step in the nursing process, and 38.2% of students reported that they use the diagnostic label of 'infection risk' frequently. The overall mean perception of the nursing students related to nursing diagnoses ranged from 1.93-2.33 and the median was 2. There significant association found between perception of nursing students and program and nursing profession. **Conclusion:** The student nurses' perception of nursing diagnoses was moderate to positive. A positive level of perception indicates that the patient would receive high-quality care.

*Keywords:* Nursing diagnoses, NDPS scale, NANDA I, perception.

## Introduction

Nursing is a masterly profession that renders tailored care to ill people in a structured manner. This structured avenue that is embraced in the remittance of care arises in the nursing process. The basic quality of the nursing practice is being compassionate and this quality is one of the significant functions of the nursing profession (Domingoes et al., 2017). The nursing process manages the sick population holistically encompassing all domains such as socio-cultural, psychological, economic, and spiritual. It augments critical thinking too. The nursing process is also viewed from a resolution perspective.

Nursing diagnosis authorizes nurses to utilize executive language in the following activities. These activities comprise arranging and dispensing information, forming judgments, and regulating relevant patient consequences and nursing practices. Just like that, the freedom of the nurses rises and extends above the old access of the nursing profession. Nursing diagnosis is

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one way that decides how nursing knowledge is used. Simultaneously, their involvement in the autonomy of the nursing profession and furnishing quality monikers gains significance. The right way of utilizing nursing diagnosis bestows to escalate the quality of healthcare and raise patient safety. Nursing education paves the way for the attribution of significance to precise nursing diagnoses. North American Nursing Diagnosis Association (NANDA) adds up to a "clinical judgment of responses for the individual, faculty or community to the vital processes or current or potential health problems". And it serves as a fundamental for choosing nursing care to attain desired outcomes for which nurses are completely accountable. Generating a positive school of thought among nursing students about NANDA nursing diagnosis is a way forward to build upon NANDA's adherence to clinical practice.

Three studies brought out a customary finding that the nursing students discovered that nursing diagnoses were appropriate and significant. Zaybak et al., (2020) postulated that the top three attitudes from the bottom towards nursing diagnoses and professional values were difficulty, creativity, and comfort. Furthermore, a study conducted by El-Rahman (2017) brought to light that comfort, difficulty, and pleasantry were the three attitudes identified in the same order as the above-stated study. Another study conducted by Dennis Ngao (2015) revealed that the majority of the nurses (61.2%) underwent training on the nursing process in college, 15.7% reported that they were refined during seminars and 8.2% stated that they were trained during the job. The researcher asserted that there is a wide gap in the renewal of nursing process execution. Additionally, the significance of continuing nursing education programs was also intensified.

The theoretical and practical application of nursing diagnoses among nurses is obtained during the training period and at work equitably. The author described that nursing diagnosis were utilized less when they were students than during their clinical practice. A study demonstrated that 54% of nurses utilized nursing diagnoses during the training experience. It is found that student nurses invest a greater number of hours in formulating care plans with little scope for critical thinking which results in the poor use of nursing diagnoses when they become clinical nurses.

Studies have demonstrated that applying the nursing process in our practice has been executed in several healthcare organizations. Additionally, it was also proved that the value of nursing diagnosis took great heights in terms of professionalism and responsibility by utilizing the same in clinical practice coupled with improving in quality nursing care and documentation as well (Novotny-Dinsdale, 1985). An explicit nursing diagnosis measures the outcome of the patient and solves their health problem. Additionally, written nursing care plans ensures quality nursing care to the patients (Carpenito–Moyet, 2013).

Besides quality care, the execution of nursing process instills the construction of theoretical and scientific knowledge based on the best clinical practice (Pokorski et al., 2009; Zamanzadeh et al., 2015; Semachew., 2018) asserted that nurses face challenges in the application of the nursing process due to several causes. Thus, it is predominant that the nursing process is completely acknowledged and personalized by individual nurses and that they develop competencies in using the nursing process efficiently (Zamanzadeh et al., 2015).

## Objectives of the study

The objectives of the study were to assess the student nurses' opinions on nursing diagnosis, to assess the level of perception of nursing diagnosis among student nurses, and to associate the level of perception of nursing diagnosis among student nurses with selected demographic variables.

## Methodology

A quantitative approach using the descriptive method was solicited for the present study. The investigator had obtained ethical clearance from the Institutional Research Advisory Committee. The investigator had approached around 150 nursing colleges across India. The access to the said colleges was carried out through a snowball approach. Initially, permission letters along with a short proposal of the study and Ethical clearance were sent to 150 colleges out of which, 90 colleges responded within the time frame. The inclusion criteria were the nursing students from BSc Nursing and GNM

Nursing wherein the first-year students were excluded. Apart from the demographic data, the tool utilized for this study was the Nursing Diagnoses Perception Scale (NDPS). This scale was developed by Frost et al., in 1991. It is a five-point Likert scale with four subscales in it. The scale ranges from 1-5. Point 1 for strongly agree and 5 for strongly disagree. The total score of the NDPS scale is 130. A low total score depicts that the nursing diagnoses are perceived positively. In contrast, when the scores increase it indicates that the nursing diagnoses are perceived negatively. The four subscales of NDPS are the definition and promotion of the nursing profession (9 items); clear definition of patient status (7 items); ease of use (6 items); and conceptual aspect (4 items). It consists of 26 items in total. It was prepared in the form of Google Forms. The generated Google link was distributed to the heads of the nursing institutions who provided consent and they shared the same with the students. The sampling technique solicited for the present study was the snowball sampling method. The students who were willing to participate and provided the consent had completed the self-reports. A total of 5,532 students had responded altogether. The questionnaire was tested for reliability using Cronbach's alpha and the value was found to be 0.85.

## Results

The data gathered were analyzed based on the objectives of the study using descriptive and inferential statistics. SPSS version 25.0 was utilized for data analysis.

**Table 1**

*Distribution of Frequency and Percentage of Demographic Variables*

N=5532

| Variables | Frequency (f) | Percent (%) |
|---|---|---|
| Age | | |
| 18-20 | 2857 | 51.6 |
| 21-23 | 2520 | 45.6 |
| 24-26 | 106 | 1.9 |
| 27-29 | 38 | 0.7 |
| 30-32 | 11 | 0.2 |
| Gender | | |
| Male | 744 | 13.4 |
| Female | 4788 | 86.6 |
| Program | | |
| GNM | 655 | 11.8 |
| BSc Nursing | 4877 | 88.2 |
| Year of study | | |
| Second year | 2600 | 47.0 |
| Third year | 2932 | 53.0 |
| Choice of Nursing Profession | | |
| Personal liking | 2841 | 51.4 |
| High Employment opportunities | 1664 | 30.1 |
| Parents force | 406 | 7.3 |
| Others | 621 | 11.2 |
| Steps in nursing process | | |
| Assessment | 1102 | 19.9 |
| Evaluation | 267 | 4.8 |
| Implementation | 892 | 16.1 |
| Nursing diagnosis | 2311 | 41.8 |
| Planning | 960 | 17.4 |
| Total | 5532 | 100.0 |
| Nursing Diagnostic label mostly used | | |
| Anxiety | 558 | 10.1 |
| Falling risk | 163 | 2.9 |
| Impaired Skin integrity | 79 | 1.4 |
| Infection risk | 2100 | 37.9 |
| Lack of Knowledge | 1038 | 18.8 |
| Malnutrition | 183 | 3.3 |
| Other | 785 | 14.2 |
| Shortness of breath | 626 | 11.3 |
| Total | 5532 | 100.0 |

Table 1 reveals the frequency and percentage of demographic characteristics of the participants. Majority 51.6% belonged to the age group of 18-20; 86.6% were females; 84.9% were studying BSc Nursing program; 53% of them belonged to third year; 51.4% chose nursing as their personal choice; 41.8% reported that nursing diagnosis was the difficult step in nursing process; and 37.9% frequently used 'infection risk' diagnostic label.

**Table 2**

*Frequency and Percentage Distribution of the Opinion on Nursing Diagnosis among Nursing Students*

N=5532

| Opinion | Frequency (f) | Percent (%) |
|---|---|---|
| Were you familiar about nursing diagnosis before nursing education? | | |
| No | 2888 | 52.2 |
| Yes | 2644 | 47.8 |
| Total | 5532 | 100.0 |
| Are you competent enough to make nursing diagnosis? | | |
| No | 749 | 13.5 |
| Yes | 4783 | 86.4 |
| Total | 5532 | 100.0 |

| Opinion | Frequency (f) | Percent (%) |
|---|---|---|
| Do you think NANDA–I nursing diagnosis is necessary? | | |
| No | 273 | 4.9 |
| Yes | 5259 | 95.1 |
| Total | 5532 | 100.0 |
| Do you believe that nursing diagnoses produce correct, planned systemized care? | | |
| No | 256 | 4.6 |
| Yes | 5276 | 95.4 |
| Total | 5532 | 100.0 |
| Nursing diagnoses increases patients' quality of life | | |
| No | 309 | 5.6 |
| Yes | 5223 | 94.4 |
| Total | 5532 | 100.0 |
| The most difficult step in the nursing process is: | | |
| Assessment | 1102 | 19.9 |
| Evaluation | 267 | 4.8 |
| Implementation | 892 | 16.1 |
| Nursing diagnosis | 2311 | 41.8 |
| Planning | 960 | 17.4 |
| Total | 5532 | 100.0 |

Table 2 depicts the opinion of the nursing diagnosis among the participants. The findings demonstrate that the majority 52.2% were not familiar with nursing diagnosis before nursing education; 86.4% reported that they were competent to formulate nursing diagnosis; 95.1% expressed that NANDA-I nursing diagnosis is necessary; 95.4% believed that nursing diagnoses produce a correct, planned and systemized care; 94.4% agreed that nursing diagnoses increase patients quality of life; 41.8% stated that the most difficult step in the nursing process is nursing diagnosis.

## Table 3

*Mean and Standard Deviation (SD) of the subscales of the NDPS scale*

N=5532

| NDPS subscales | Median | Interquartile Range | Min | Max |
|---|---|---|---|---|
| Definition and promotion of the nursing profession | 2 | 1-2 | 1 | 5 |
| Clear definition of patient status | 2 | 2-3 | 1 | 5 |
| Ease of use | 2 | 2-3 | 1 | 5 |
| Conceptual aspect | 2 | 2-3 | 1 | 5 |

Table 3 reveals the median and interquartile range of the subscales of the NDPS scale. The findings showed that the subscales had a median of 2. The low score indicates that the nursing diagnosis is positively perceived by the students.

## Table 4

*Item analysis of the NDPS scale*

N=5532

| Items of NDPS scale | Minimum | Maximum | Mean | SD |
|---|---|---|---|---|
| **Definition and promotion of the nursing profession** | | | | |
| 8. Nursing diagnoses support the development of autonomy of the profession/ nursing. | 1 | 5 | 1.86 | .800 |
| 9. Nursing diagnoses treat the patient from a holistic perspective. | 1 | 5 | 1.96 | .825 |
| 11. Nursing diagnoses improve the responsibility (accountability) of nursing. | 1 | 5 | 1.77 | .779 |
| 13. Nursing diagnoses enable the nurse to focus on nursing- specific areas. | 1 | 5 | 2.13 | .974 |
| 14. Nursing diagnoses improve the professional image of nursing. | 1 | 5 | 1.84 | .815 |
| 15. Nursing diagnoses show what nurses are doing | 1 | 5 | 1.97 | .899 |
| 18. Nursing diagnoses guide nursing care | 1 | 5 | 1.79 | .780 |
| 19. Nursing diagnoses are complementary to medical diagnoses. | 1 | 5 | 2.10 | .907 |
| 20. Nursing diagnoses make it easy to record basic data. | 1 | 5 | 1.92 | .847 |
| **Clear Definition of patient status** | | | | |
| 3. I clearly understand the patient's condition when I look at the nursing diagnoses of the patient. | 1 | 5 | 1.96 | .873 |
| 4. Nursing diagnoses facilitate collaboration among health team members. | 1 | 5 | 2.04 | .865 |
| 5. Doctors, pharmacists, physiotherapists, and other healthcare team members know what nursing diagnoses mean. | 1 | 5 | 2.17 | 1.008 |
| 7. Nursing diagnoses provide nurses with as much information as medical diagnoses that provide doctors. | 1 | 5 | 2.04 | .877 |

| Items of NDPS scale | Mini-mum | Maxi-mum | Mean | SD |
|---|---|---|---|---|
| 17. When I examine a patient's nursing diagnosis, I usually cannot be sure what the problem the patient has. | 1 | 5 | 2.56 | 1.083 |
| 23. Patients know their own needs and problems. | 1 | 5 | 2.94 | 1.215 |
| 24. I use nursing diagnoses, not medical diagnosis, to inform other nurses about the patient's condition. | 1 | 5 | 2.37 | 1.048 |
| Ease of use | | | | |
| 1. It is easy to use the nursing diagnoses. | 1 | 5 | 2.16 | .898 |
| 10. Development of nursing diagnoses is time consuming. | 1 | 5 | 2.30 | .958 |
| 16. Nursing diagnoses are more difficult to use than medical diagnoses. | 1 | 5 | 2.54 | 1.050 |
| 21. I generally approve nursing diagnoses identified by other nurses. | 1 | 5 | 2.29 | .934 |
| 22. It is often difficult to determine appropriate nursing diagnoses after patient evaluation | 1 | 5 | 2.40 | .978 |

| Items of NDPS scale | Mini-mum | Maxi-mum | Mean | SD |
|---|---|---|---|---|
| 26. Most nursing diagnoses are the result of remaining medical diagnoses. | 1 | 5 | 2.28 | .916 |
| Conceptual aspect | | | | |
| 2. When planning caring, I usually consider nursing diagnoses rather than medical diagnoses. | 1 | 5 | 2.16 | .882 |
| 6. Medical diagnoses provide more convenient (useful) information than nursing diagnoses | 1 | 5 | 2.24 | .931 |
| 12. Nursing diagnoses give me more practical information than medical diagnosis. | 1 | 5 | 2.12 | .900 |
| 19. I understand a patient's condition more clearly when I look at the patient's medical diagnoses rather than nursing diagnoses. | 1 | 5 | 2.23 | .963 |

Table 4 illustrates the item analysis of the NDPS scale. It was found that "nursing diagnosis improve the responsibility (accountability) of nursing" was positively perceived among the nursing students out of 26 items. And the item viewed moderately was "Patients know their own nursing diagnoses".

**Table 5**

*Association of Socio-Demographic Data with Perceptions*

N=5532

| Variables | Number | Definition and promotion of nursing profession | | Clear Definition of patient status | | Ease of doing | | Conceptual aspect | |
|---|---|---|---|---|---|---|---|---|---|
| | | Mean | SD | Mean | SD | Mean | SD | Mean | SD |
| | | | | Gender | | | | | |
| Male | 744 | 1.99 | 0.650 | 2.32 | 0.678 | 2.32 | 0.667 | 2.22 | 0.7 |
| Female | 4788 | 1.91 | 0.53 | 2.29 | 0.62 | 2.33 | 0.63 | 2.18 | 0.65 |
| $\chi^2$ | | 3.71 | | 1.212 | | 0.399 | | 1.54 | |
| p value | | 0.08 | | 0.22 | | 0.68 | | 0.1224 | |
| | | | | Program | | | | | |
| GNM | 655 | 1.81 | 0.57 | 2.15 | 0.64 | 2.23 | 0.68 | 2.04 | 0.68 |
| BSc Nursing | 4877 | 1.88 | 0.52 | 2.30 | 0.60 | 2.37 | 0.65 | 2.19 | 0.67 |
| $\chi^2$ | | 3.196 | | 5.959 | | 5.147 | | 5.370 | |
| p value | | $p<0.001$ | | $p<0.001$ | | $p<0.001$ | | $p<0.001$ | |
| | | | | Which year: | | | | | |
| 2nd year | 2600 | 1.92 | 0.557 | 2.295 | 0.620 | 2.323 | 0.635 | 2.19 | 0.66 |
| 3rd year | 2932 | 1.98 | 0.61 | 2.321 | 0.510 | 2.420 | 0.574 | 2.63 | 0.57 |
| $\chi^2$ | | 3.80 | | 1.71 | | 5.97 | | 26.60 | |
| p value | | $p<0.001$ | | 0.08 | | $p<0.001$ | | $p<0.001$ | |
| | | | | Nursing Profession | | | | | |
| Personal liking | 2841 | 1.862 | 0.531 | 2.242 | 0.623 | 2.285 | 0.643 | 2.135 | 0.661 |
| HEO | 1664 | 1.943 | 0.524 | 2.338 | 0.59 | 2.358 | 0.598 | 2.215 | 0.616 |

| Variables | Number | Definition and promotion of nursing profession | | Clear Definition of patient status | | Ease of doing | | Conceptual aspect | |
|---|---|---|---|---|---|---|---|---|---|
| | | Mean | SD | Mean | SD | Mean | SD | Mean | SD |
| Parents force | 406 | 2.081 | 0.63 | 2.38 | 0.68 | 2.383 | 0.643 | 2.28 | 0.664 |
| Others | 621 | 2.065 | 0.602 | 2.39 | 0.67 | 2.395 | 0.667 | 2.31 | 0.699 |
| $\chi^2$ | | 37.972 | | 16.648 | | 8.954 | | 17.111 | |
| p value | | p<0.001 | | p<0.001 | | p<0.001 | | p<0.001 | |

The findings in Table 5 reveal that there is a significant association between the program and reasons to choose the nursing profession whereas other demographic variables were not significantly associated.

## Table: 6

*Association of the responses towards NDPS scale with opinions of the participants*

N=5322

| Items | Completely agree | Agree | Neutral | Disagree | Completely Disagree | $\chi^2$ | df | p value |
|---|---|---|---|---|---|---|---|---|
| Were you familiar about the nursing diagnosis before nursing education? | | | | | | | | |
| Yes | 7 | 53 | 1298 | 1191 | 98 | 234.003 | 4 | p<0.001 |
| No | 8 | 96 | 1937 | 815 | 31 | | | |
| Are you competent enough to make a nursing diagnosis? | | | | | | | | |
| Yes | 9 | 108 | 2734 | 1805 | 127 | 78.72 | 4 | p<0.001 |
| No | 6 | 41 | 498 | 201 | 3 | | | |
| Do you think NANDA–I nursing diagnosis is necessary? | | | | | | | | |
| Yes | 10 | 119 | 3053 | 1948 | 129 | 124.33 | 4 | p<0.001 |
| No | 5 | 30 | 179 | 58 | 1 | | | |
| Do you believe that nursing diagnoses produce correct, planned systemized care? | | | | | | | | |
| Yes | 9 | 107 | 3063 | 1967 | 130 | 271.609 | 4 | p<0.001 |
| No | 6 | 42 | 169 | 39 | 0 | | | |
| Nursing diagnoses increase patients' quality of life | | | | | | | | |
| Yes | 8 | 114 | 3035 | 1939 | 127 | 161.996 | 4 | p<0.001 |
| No | 7 | 35 | 197 | 67 | 3 | | | |
| The most difficult step in the nursing process is: | | | | | | | | |
| Assessment | 6 | 31 | 564 | 455 | 46 | | | |
| Nursing Diagnosis | 6 | 55 | 1366 | 834 | 50 | | | |
| Planning | 1 | 23 | 613 | 304 | 19 | 77.75 | 16 | p<0.001 |
| Implementation | 2 | 32 | 558 | 288 | 12 | | | |
| Evaluation | 0 | 8 | 131 | 125 | 3 | | | |
| Nursing Diagnoses mostly used | | | | | | | | |

| Items | Completely agree | Agree | Neutral | Disagree | Completely Disagree | $\chi^2$ | df | p value |
|---|---|---|---|---|---|---|---|---|
| Infection Risk | 4 | 47 | 1118 | 877 | 54 | | | |
| Lack of Knowledge | 1 | 22 | 609 | 383 | 23 | | | |
| Falling Risk | 1 | 6 | 91 | 58 | 7 | | | |
| Malnutrition | 1 | 16 | 115 | 47 | 4 | | | |
| Shortness of Breath | 0 | 16 | 410 | 190 | 10 | 114.546 | 28 | p<0.001 |
| Impaired Skin Integrity | 0 | 3 | 50 | 25 | 1 | | | |
| Anxiety | 1 | 17 | 369 | 163 | 8 | | | |
| Other | 7 | 22 | 470 | 263 | 23 | | | |

Table 6 depicts that there was a significant association between the responses given by the nursing students on the NDPS scale with their opinions of nursing diagnosis.

## Discussion:

The base of the nursing process is the nursing diagnosis step. The matter of discussion that exists in the nursing process is about the right use of nursing diagnosis at large. The present study findings demonstrated that the nursing students experienced great difficulty in the diagnosis stage (41.8%), then in the assessment stage (19.9%), and least in the evaluation stage (4.8%). Previous research has produced findings that are consistent with these. Andsoy et al., (2013), Pokorski et al., (2009), and Zaybak et al., (2016) found in their study that nurses experienced a great difficulty in the nursing diagnosis. Zaybak et al., (2016) revealed that nurses experienced great difficulty in the assessment stage (50%), then in diagnosis (31.9%), and least in evaluation (6.3%).

The present study finding communicated that 95.4% of the nursing students believed that nursing diagnoses produce correct, planned, and systemized care. Similar findings were reported by Olmaz and Karakut (2019) which stated that 94.7% of nurses believed that the nursing process should be utilized while providing nursing care.

The nurses' perception of nursing diagnoses was at a moderate level in the present study. The median of the NDPS subscales was 2. A similar finding was found in another study. The subscale that had the lowest mean (2.3) was the definition and promotion of the nursing profession, and the subscale seen negatively was the conceptual aspect with a mean of 3.04.

It was found that "nursing diagnosis improves the responsibility (accountability) of nurses" was positively perceived (mean=1.77) among the nursing students out of 26 items. The item viewed moderately was "Patients know their own nursing diagnoses" (mean=2.94). A previous study revealed that "nursing diagnosis enables the nurse to focus on nursing-specific areas" with a mean=2.01 and the item viewed negatively was "nursing diagnoses are complementary to medical diagnoses" with a mean=3.71. A separate study conducted by El-Rahman et al., indicated that Jordanian nursing students perceived nursing diagnoses positively. In a study conducted by Hakverdioglu et al., in Turkey found that the majority of the nursing students reported that nursing diagnoses were the priority while providing nursing care.

## Conclusion:

The present study findings disclosed that the perception of the nursing diagnoses ranged from moderate to positive, despite that they had agreed and believed that nursing diagnosis is essential for providing quality healthcare. It indicates that constant practice and continuation of its use for practicing nurses intertwined with hospital policies about mandatory use of the nursing process could lead to the establishment of positive perceptions among nurses and nursing students as well. Many studies demonstrated that nurses have positive attitudes and values toward the nursing process. Many other studies elaborated on the fact that nurses reported being competent in the selection of nursing diagnoses, while a few studies

emphasized the importance of reinforcing the nursing process through continuing nursing education, which would aid in their ease of use. This particular aspect should be recommended in all healthcare organizations that shall cater the use of the nursing process without any struggle.

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