Experienced psychiatric nurses' clinical judgments in everyday practices.

—原 著—

EXPERIENCED PSYCHIATRIC NURSES' CLINICAL JUDGMENTS IN EVERYDAY PRACTICES

Yoko Nakayama[1)]

Abstract

The purpose of this study was to explore the characteristics of clinical judgment through uncovering the everyday practices of experienced psychiatric nurses. Participants were 13 nurses and 4 licensed assistant nurses who worked at a private mental hospital. The participants were interviewed and encouraged to describe their everyday practices and clinical judgment episode. The narrative texts were interpreted by the researcher in this study. As a result, the following characteristics emerged: 1) Clinical judgment embedded in everyday practices is based on the experienced nurse's expert ability of knowing the patient and grasping the patient's situation; 2) Clinical judgment is clinical wisdom, including intuition, based on the nurse's experience; 3) Clinical judgment in patient-nurse interactions is strongly affected by closeness/distance in the relationship. Clinical judgment is not context free, rather it is very situational; 4) When group consensus and the nursing care plan exert conformity pressure, the group consensus tends to obstruct the development of an individual nurse's judgment.

Key Words

Clinical Judgment, Experienced Nurse, Psychiatric Care, Interpretive Study

Purpose

Nurses have been devoted to the development of theoretical knowledge and skills in the cognitive process in order to make accurate judgments/decisions and solve problems relating to patient care (Field, 1987; Tanner, 1989). Particularly, in the last 25 years, most nursing schools and nursing colleges in Japan have taught "the nursing process" as the best means of developing students' nursing abilities and have conducted practices using "the nursing process" in clinical settings. However, when the students graduated from nursing schools and started to work at hospitals as nurses, they noticed that the clinical setting was different from their study situation at nursing schools. Nurses often are required to make judgments/decisions based on very little or ambiguous data in complex clinical situations (Young, 1987; Rew, 1988). It is not possible to standardize all that nurses must do to provide safe and effective care in highly complex situations (del Bueno, 1990).

On the other hand, we have often observed that experienced nurses provide appropriate care after only a few minutes of patient contact. Why is it that experienced nurses can make judgments/decisions and take actions immediately?

Experienced nurses provide care with flexibility

1) Professor, St. Luke's College of Nursing, Tokyo.

in response to the patient's response, so the practices of experienced nurses flow and their judgments seem to be embedded in their practices. According to Dreyfus and Dreyfus (1986), "When things are proceeding normally, experts don't solve problems and don't make decisions; they do what normally works" (p.30, p.31). Tanner (1989) also points out that some kinds of judgment by expert nurses in patient care seem fairly routine unless something unexpected happens. Even when something happens, expert nurses deal with each happening with flexible judgment, their practices flow and it looks like nothing happened.

In their research reports, Benner (1984), Young (1987), Schraeder & Fischer (1987), Benner and Tanner (1987) and Rew (1988, 1991) explain that expert nurses make clinical judgments/decisions through intuition based on their previous experiences in clinical practice. Benner (1982) states, that experience does not refer to a mere passing of time, experience is rooted in systematic study and actual clinical practice is the crucial element in development of clinical knowledge (p. 11).

Clinical experience contributes to the development of clinical knowledge and nursing expertise. The more experience nurses have in direct patient care, the more likely they are to make accurate judgments and provide effective care. However, the relationship between clinical experience and the development of nurses' expertise is not clear (Garb, 1989; Henry, 1991). Despite much experience, some nurses never develop sufficient expertise. Experienced nurses are not necessarily expert nurses. For example, in institutions like mental hospitals, nurses develop a subculture that strongly influences their practices. Much of nurses' everyday practice within group norms eventually becomes plain and stereotyped. Even though nurses had enormous experiences, in the case of such plain and stereotyped everyday practices this experience would not necessarily contribute to nurses' expertise to provide effective care.

In this study, clinical judgment is defined as the use of knowledge in making one or more of several kinds of decisions in everyday practices (Tanner, 1987; 1989). Psychiatric nurses make many judgments in patient-nurse interactions. How do experienced psychiatric nurses make clinical judgments/decisions in interaction with patients? The purpose of this study was to explore the characteristics of clinical judgment through uncovering the everyday practices of experienced psychiatric nurses. Uncovering the experienced nurses' clinical judgments will be significant to identify nurses' competencies in the provision of effective care. It will also serve to consider contributors and barriers to nurses developing their expertise through appropriate clinical judgments.

Methods

Samples

The participants in this study were selected from the nursing staff of a 600-bed private mental hospital. This private hospital was a traditional mental hospital which had a history of more than sixty years. There were many long-stay patients and the largest body of professional personnel were middle-aged nursing staff.

The participants were 13 nurses and 4 licensed assistant nurses. Lists of experienced nurses were presented to the researcher by a nursing director in the mental hospital. The following criteria were used to select the participants: (a) more than twenty years experience in direct patient care as a member of the nursing staff, (b) more than 10 years as a member of the nursing staff at the same mental hospital.

Data Collection Procedure

The researcher interviewed each of the nurses participants who agreed to participate in this study. In the interview, the participants were encouraged to talk about their everyday practices and episodes involving clinical judgment frankly and freely. Regarding the attitude of the interviewer, Mergendoller (1989) notes that the interviewer should occasionally ask for clarification and probe when memories seem emotionally salient to the interviewees. In these interviews, the interviewer responded naturally to the presentation of episodes and stories.

The interviews lasted approximately one hour. However, the interviews were often continued until the participant completed talking about their stories. The interviews were conducted in small rooms in the hospital, depending upon the partici-

pants' choice. All interviews were taped and transcribed.

Interpreting Texts

The transcribed interview data and the researcher's observation notes recorded in each interview were used as narrative texts. The narrative texts were interpreted by the researcher in this study. The researcher read the whole text relating to each participant and noted each episode, story and situation involving clinical judgment in everyday practices. The purpose of the reading was to identify themes and issues in each episode, story and situation. After reading, the text each theme and issue in the text was tentatively categorized, and interpreted. The interpretation of the narrative text was audited by the supervisory group of this study.

Protection of Human Subjects

The consent to participate in the study was individually informed and voluntary. However, because the research was conducted systematically through the organization in which the nurses work, the researcher considered carefully how to protect the subjects' autonomy in obtaining informed consent. The researcher sent a letter to participants directly and asked them to participate in this study. The researcher did not report to the nursing director which nurses agreed to participate in this study. In order to protect the participants' privacy and confidentiality, the name of each participant on the transcriptions was substituted with a random coded initial, making it impossible to identify specific individuals from the narrative texts.

Findings and Discussion

The experienced nurses' everyday practices, salient episodes and stories of clinical judgments in psychiatric care were interpreted. The characteristics of clinical judgment were founded in clinical judgment embedded in everyday practice, in care of psychotic/difficult patients, in stories of patients' suicide, and in conflicts and consensus among members of the nursing team.

Clinical Judgment Embedded in Everyday Practice

As experienced nurses manage unexpected situations through flexible judgment, their practices flow, as if nothing unusual was happened. In this situation, clinical judgment is not a conscious deliberate judgment, but is described as everyday practice. However, if someone asks the experienced nurses the reason why they chose such actions in these situations, they usually can explain their choices with rational reasons.

For example, a licensed assistant nurse A had 29 years of nursing experience. The nursing team members who work with her agree that she is an advanced nurse with excellent practices. The following is an example of clinical judgment, embedded in her everyday practices.

> I do not focus on aspects of their illness, but their everyday life. When I share everyday life with patients without intent, they share thought naturally. When I became aware that a patient might have some problems, I would wait until the problems appeared. The patient would usually come to see me and explain his state, and the problem would be uncovered. I understand what is troubling the patient. If I approach the patient too soon, the patient will be pushed into trouble and may close his mind. While I care for the patient, the patient's problem gradually emerges, and I can grasp the patient's situation without a special approach.
>
> Of course there are cases when we have to make a judgment immediately. But this unit differs from an acute unit. Most of the patients are chronic long-stay patients. We don't need to say something before the patients brings up his issue. If we observe the patient, we can find intuitively some differences in his everyday life.

In this situation, nurse A's judgment is to wait until the patient brings up his problem. The nurse trusts the patient's ability/strength to manage his problem, and the nurse waits to see what the patient will want to do. The nurse's judgment to wait is based on her expert ability of knowing the patient and ability to grasp the patient's situation. The practices of advanced experienced nurses include their judgments in the situations.

In this example, the experienced nurse' clinical judgment was embedded in her everyday practice. However, the clinical world of psychiatric care is not so simple. There are episodes and stories of complex situations which occur among patients and nurses and doctors. In what situations are nurses

required to make conscious, deliberative judgments?

Clinical Judgment in Psychotic Patient Care

Experienced psychiatric nurses have experience in caring for very psychotic patients in emergency situations involving danger. Experienced nurses can become involved in a crisis situation in their everyday practice. They often take care of difficult patients using themselves (their intuition, sensitivity, feelings, etc.) rather than theoretical knowledge. At the same time, they take action based on personal experiences which are stored in their body as clinical wisdom. Below, an experienced nurse, B, describes a psychotic patient's care:

"I Don't Know Why I Did It"

I worked the night-shift in an acute psychiatric unit in a general hospital that had an emergency room. The patient was a young girl. When her family brought her to the psychiatric emergency room at mid-night, she was very psychotic. She was going to hurt herself. For example, she was pulling her hair out. As she couldn't control herself, she was admitted from the emergency room in a secure room on the acute psychiatric unit. Despite a lot of tranquilizers, she didn't respond. Her psychotic state continued. At that time, I thought that her anxiety was increasing, but we couldn't give her any more medicine.

As I was the nurse in charge of the secure room, I told the other night-shift nurses that I would take care of her until some other patients came to the secure rooms. I brought a mattress into her room and lay down next to her because as long as I stayed with her, she remained calm.

Early in the morning, the patient called me, "Wake up, Nurse! Wake up! Why are you sleeping here?" The patient had awakened and returned to normal. I had fallen asleep unawares and was wakened by the patient. In the mean time, she had recovered dramatically.

In the interview, nurse B said, "I don't know why I did it, but to stay with the patient was the only choice for me in this situation." This is an impromptu act performed without thinking, that is, "TOSSA NO KOUDOU" (in Japanese). It was also an action taken by the expert nurse based on intuitive judgment.

Even though staying with the patient was the only choice, it was a potentially dangerous one because the patient was a psychotic person who had come into the emergency room. However, the nurse grasped the patient's condition immediately. In addition, the nurse knew that the patient was small, thin and heavily medicated, so the nurse judged that it would be fairly safe to stay with the patient.

Before nurse B became a psychiatric nurse, she worked as an oncology nurse for 8 years. She had excellent physical nursing skills. She observed not only the patient's mental state but also the patient's physical state carefully. She knew how tranquilizers would affect the patient's state, and also she provided comfort and safety by staying with the patient in this situation.

Benner and Tanner (1995) describe how intuitive links between seeing the salient issues in the situation and ways of responding to these issues constitute expert practices. Nurse B's intuitive judgment in this episode links the expert nurse's practice of seeing the patient's condition and taking action. Nurse B recognizes that this episode was extremely outstanding in her experience. The practices of experienced nurses which create clinical wisdom within a situation bring effective care to patients.

Clinical Judgment in Patient-Nurse Relationships

Most participants described a trust relationship with their patients as aspects of outstanding episodes and stories in their experiences. Their caring was geared toward developing the patient's health and daily life in the community. But in the recovery process, psychiatric nurses occasionally experienced patients' suicides. The episodes and stories which participants described in this study raise the issue of clinical judgment in the patient-nurse relationship in psychiatric care.

This story was told by a male nurse C who had 24 years of experience in mental hospitals. He was a nursing aide for 9 years and a licensed assistant nurse for 8 years. He became a nurse about 7 years ago and he worked as an associate head nurse on a closed unit.

"Our Relationship was Too Close"

I recall a sad episode which I recently experienced. The patient came from the same hometown as I. That evening, he came to see me and told me about his past in a friendly manner. He had spent his life as a "YAKUZA" (Gangster)

in our hometown and had killed a person. As he told the story, he became depressed. Two or three days after he talked to me, he committed suicide.

He went for a walk and bought oil at the gasoline station close to our hospital. Then he poured oil on himself and tried to ignite himself with his lighter. At first, his lighter didn't work, so he went to a family market and got a new one. Finally, he succeeded in igniting himself and died. Therefore, I thought that I was wrong to allow him to tell me about his past life experiences. He must have recalled his guilty feeling and because of this, he committed suicide.

On that day, I was in a meeting in the hospital conference room. The nursing director entered the room and said that there had been an incident of self-burning in the hospital area. I felt something intuitively and hoped the person was not my patient.

Whem I think about that situation now, I should have turned the conversation and changed the subject. I knew that he felt very guilty about his past. I should have told the doctor in charge about my feeling and suggested "It is better for him to stop going out because he is depressed and in crisis." When I felt that something was wrong, I should have stopped him from going out.

Despite the fact that I felt something was different after talking with him, I didn't take action. If I had taken action, I might have been able to keep him from committing suicide, but I failed to protect him. That is the heaviest burden for me. I was depressed for a while.

The male nurse and the patient had the same hometown. They came up to Tokyo from a small island in Southern Japan which was a long distance away. Finding a hometown buddy, the patient might have opened his mind to the nurse and when the nurse heard the patient's sad stories, he sympathized with the patient. Male nurse C said "Our relationship was too close."

Peplau (1969) insists that professional closeness differs from the relationship with friends and neighbors. Peplau states, "It requires the nurse to observe not only the patient, but her own participation in the nurse-patient situation" (p. 346). However, interpersonal intimacy which is the outstanding characteristic of chum relationships may cloud the nurse's judgment in the nurse-patient relationship.

The nurse's judgment in patient-nurse relationships depends on the nurse's "concern", and this is often dependent on social norms/expectations. Male nurse C was concerned about the patient's situation, but he did not share his concern with the doctor or the other nursing staff. It was his judgment.

If nothing happens, no one asks for a nurse's clinical judgment, but when something unexpected happens, for example, as occurred when the patient committed suicide in the male nurse's story, the nurse's judgment is immediately questioned. In such a case, clinical judgment is not context free, rather it is very situational. That is, even though the nurse made an adequate judgment at that time, the nurse' s reality changed because of the patient's suicide. The nurse feels that the judgment he made was wrong. When reality changed with the passage of time, the nurse negatively reviewed the situation concerning this patient although he had perceived positively it before the patient's suicide. That is, in spite of the passage of time, the nurse looked for a causal relationship between the nurse's judgment of the patient's condition and the patient's suicide. There is little possibilities that the patient's suicide was connected with the nurse's judgment. Temporality is an important issue in clinical judgment.

Clinical Judgment and Group Consensus

Most participants' episodes, as they have described, were focused on patient-nurse relationships. Direct care in the patient-nurse relationship seems to be the most interesting and most rewarding work for Japanese psychiatric nurses. Yet in Japan, nursing care in mental hospitals is group-oriented, and group-oriented work may present the development expertise.

Clinical judgment embedded in practice is related to the individual nurse's ability. It differs from decision making in the group. Conflicts between nurses' clinical judgments and group consensus are shown in the examples below and raise questions from multiple perspectives.

Each mental hospital is like a small world. There are rules and customs peculiar to each hospital. The more nurses provide individual care, the more

nurses are exposed to conflicts between each patient's needs and group norms. Moreover, when nurses make judgments to provide effective care, these judgments sometimes cause ward rules to be broken. This is nurse D's episode. She worked in a closed unit.

"The More Nurses Provide Individual Care, the More Nurses Have Conflicts"

We had a patient who wanted to be discharged and see his family. His family promised to visit him during the day, but they didn't come. So he wanted to call and talk to his family. At that time we couldn't let the patients use the phone without the permission of the doctor who was in charge. I was working the evening-shift when the patient came and asked again and again, "Could you call my family?". So I asked the nursing supervisor on duty if I could make a phone call for him. I thought, "He might become upset and get injured by breaking glasses in the room. It would be much better if he could be calmed down only through talking to his family and making sure that they can come soon." I explained my thinking to the supervisor on duty and got her agreement, so I let him talk to his family on the phone.

The next day other nurses talked about the episode behind my back, "How could she decide such a thing at her own discretion?" and they complained to the supervisor of our unit. But I thought it would be better for the patient and the supervisor on duty agreed. The patient said that he was getting upset and felt like breaking glass, but he knew he wouldn't do such things if only he could call and talk to his family. The nurse who worked the night-shift told me that he calmed down after the call. I think such a small thing can keep patients from becoming psychotic. Later I reported what I did to the doctor in charge of this patient, and the doctor said it was OK. So I thought I didn't do anything wrong, but I felt uneasy.

Even now, there are many situations where I should use my own judgment. For example, a patient came to me at mid-night to say that he felt restless and that a cigarette would calm him down. It didn't fit the rules of our unit, but only giving him one cigarette really calmed him and helped him sleep well. I think nurses should make judgments depending on the condition of each patient even if doesn't necessarily fit the rules upon which the nursing team had decided.

.....

This episode is typical of the nursing situation in mental hospitals. Nobody told her directly about their concerns, they only complained behind her back, because the nursing team members knew that the nurse delivered effective care to the patient at that time. However, as shown in this case, even though she sought and received advice from the nursing supervisor on duty, she broke the rules and ignored the group consensus. After such an incident, the nurse is usually pressured to work within the group consensus.

To work as a nursing/treatment team on the ward often requires group consensus and a sharing of ideas and values. That is, even though the nurse has made a judgment concerning the patient's situation, she should not take action based on individual judgment, but rather she should provide care based on the rules observed in the care plan/group consensus in the nursing team. Therefore, the nurse's individual judgment in patient care sometimes is influenced by group consensus. Nurse D described a problem in her example that nurses' expertise cannot develop unless they provide care based on their own judgment.

Summary and Conclusions

In this study, characteristically the clinical judgments of experienced psychiatric nurses were shown to involve the use of knowledge and wisdom, including intuition, based on their experience. The use of knowledge and wisdom in clinical judgments of experienced nurses differs from the use of knowledge in the problem-solving process and nursing diagnosis. Clinical judgment is not a thinking process, but a practice which is composed of grasping a situation and taking an action.

Clinical judgment is a vital part of a nurse's everyday practice and a reflection of the nurse's concern for each patient. The nurse's concern is influenced by social norms and the nurse's life experience. In particular, clinical judgments in patient-nurse interactions are strongly affected by close-

ness/distance in the relationship. Also, the closeness in the patient-nurse relationship is connected with the nurse's concern.

Furthermore, clinical judgment is dependent on the "here and now" of each situation. However, the evaluation of the nurse's clinical judgment is usually based on outcome of the patient care. There is a time difference between making judgment and evaluating the outcome. Accordingly as time passes and the situation changes, the nurse's interpretation of the situation will change. Nurses who make judgments are immersed in the situations and therefore the judgments are not context free.

The last issue of clinical judgment is whether group consensus obstructs the development of an individual nurse's judgment. When group consensus and the nursing care plan provide conformity pressure, nurses become rule-governed and the nursing team falls into chronicity. Therefore nurses' expertise cannot be developed unless the nurses provide care based on their own judgments.

References

1) Benner, P. (1982). Skilled clinical knowledge: The value of perceptual awareness. Nurse Educator, 7(3), 11-17.

2) Benner, P. (1983). Uncovering the knowledge embedded in clinical practice. Image: Journal of Nursing Scholarship, 15(2), 36-42.

3) Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesle.

4) Benner, P., & Tanner, C. (1987). Clinical judgment: How expert nurses use intuition. American Journal of Nursing, 87(1), 23-31.

5) Benner, P., & Wrubel, J. (1989). The primacy of caring: Stress and coping in health and illness. Menlo Park, CA: Addison-Wesley.

6) Benner, P., Tanner, C., & Chesla, C. (1992). From beginner to expert: Gaining a differentiated clinical word in critical care nursing. Advances in Nursing Science, 14(3), 13-28.

7) Benner, P., Tanner, C., & Chesla, C. (1995). Expertise in nursing practice; Caring, clinical judgment and ethics. NY: Springer.

8) del Bueno, D. J. (1990). Experience, education, and nurses' ability to make clinical judgments. Nursing Health Care, 11(6), 290-294.

9) Dreyfus, H. L., & Dreyfus, S. E. (1986). Mind over machine: The power of human intuition and expertise in the era of the computer. NY: Free Press.

10) Field, P. A. (1987). The impact of nursing theory on the clinical decision making process. Journal of Advanced Nursing, 12, 563-571.

11) Garb, H. N. (1989). Clinical judgment, clinical training, and professional experience. Psychological Bulletin, 105(3), 387-396.

12) Mergendoller, J. R. (1989). Good and ill will: War resistance as a context for the study of moral action. In M. J. Packer, & R. B. Addison (Eds.), Entering the circle: Hermeneutic investigation in psychology (pp. 119-138). NY: State University of New York Press.

13) Peplau, H. E. (1969). Professional closeness. Nursing Forum, 8(4), 342-360.

14) Rew, L. (1988). Intuition in decision-making. Image: Journal of Nursing Scholarship, 20(3), 150-154.

15) Rew, L. (1991). Intuition in psychiatric-mental health nursing. Journal of Child and Adolescent Psychiatric and Mental Health Nursing, 4(3), 110-115.

16) Schraeder, B. D., & Fischer, D. K. (1987). Using intuitive knowledge in the neonatal intensive care nursery. Holistic Nursing Practice, 1(3), 45-51.

17) Tanner, C. A. (1987). Theoretical perspectives for research on clinical judgment. In K. J. Hannah, M. Reimer, W. C. Mills, & S. Letourneau (Eds.), Clinical judgment and decision making (pp. 21-28). NY: John Wiley & Sons.

18) Tanner, C. A. (1989). Use of research in clinical judgment. In C. A. Tanner, & C. A. Lindeman (Eds.), Using nursing research (pp. 19-34). NY: National League for Nursing.

19) Young, C. E. (1987). Intuition and nursing process. Holistic Nursing Practice, 1(3), 52-62.