Chelonian Conservation And Biology

Vol. 17No.2 (2022) | https://www.acgpublishing.com/ | ISSN - 1071-8443

DOI:doi.org/10.18011/2022.04(1) 3981-3991

ACKNOWLEDGING THE MENTAL LABOR OF NURSES VIA ALERTNESS AND EVALUATION

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Abstract:

Insufficiently represented in existing vocabulary, the concept of alertness is highlighted in this article as being essential to nursing practice. The authors characterize vigilance as the deliberate observation of patients to detect significant cues and possible problems, drawing on historical and modern sources. Nurses must perform this mental labor in order to guarantee patient safety and encourage healing.

To capture the various facets of alertness, the paper suggests two categories of nursing diagnoses: Central diagnoses: Refer to circumstances (such as "ineffective airway clearance") in which nurses are held separately responsible for interventions and results, Surveillance diagnoses: These indicate possible hazards that nurses should keep an eye on and report (such as "risk for hypoglycemia"). The authors contend that nurses can more accurately convey the breadth of their work and how it affects patient care by utilizing both central and surveillance diagnoses in nursing terminology.

Keywords: patient safety, professional nursing practice, nursing vigilance, nursing diagnosis .

Introduction:

Teaching nurses what to look for, how to look for it, what symptoms point to improvement, what the opposite indicates, which are significant, which are not important, which are signs of neglect, and what kind of neglect are the most crucial practical lessons that can be imparted to them. All of this should be taught to nurses as a fundamental component of their education (p. 105). Nursing researchers have long recognized the importance of observation in nursing practice. A whole chapter on patient observation was written by Harmer and Henderson in their 1939 textbook, The Principles and Practice of Nursing. They declared: One of the most important, if not the most, vital nursing traits is the observational habit. Being the sole person present to care for the patient for the majority of the time means that the nurse bears a definite responsibility to

monitor and report. A nurse cannot do the basic nursing essentials—those actions that are not doctor-prescribed but rather required by the fundamental ideas and practices of nursing—without close observation (p. 219).

"In observing the nurse must know what she is looking for and, to a certain extent, what she is likely to find. Observation is based on knowledge, interest, and attention," McClain (1950) suggested in another early work (p. 51).
Even in the 1970s, during the height of grand nursing ideas, the value placed on nurses' capacity to identify crucial clues in their patients. Perception was recognized by Carper (1978) as a component of the nursing aesthetic pattern of knowing. "Active gathering together of details and scattered particulars into an experienced whole for the purpose of seeing what is there" is how she defined perception (p. 17). Among others, King (1971) and Orem (1985) confirmed the significance of perception as a critical nursing skill.

How Nurses Distinguish Between Signal and Noise

There are a ton of stories in both professional and popular literature nowadays. With mistakes inside the medical system and with problems that center on the safety of the patient. The Institute of Medicine came to the conclusion in 1999 that avoidable mistakes cause at least 44,000, if not up to 98,000, hospital deaths annually (p. 1). The professional and lay nursing press gave this report a great deal of coverage. It is obvious that both the general public and the profession are worried about our capacity to provide attentive care.
It is obvious that both the general public and the profession are worried about our capacity to provide attentive care. An integrated review of nurse staffing and its impact on patient outcomes was given by Curtin (2003). She came to the conclusion that patient outcomes, medical errors, length of stay, and patient death were all directly and quantitatively impacted by nursing staffing. Why do patients get these better results when there are more nurses at the bedside? We contend that having the right number of employees enables nurses to provide their assigned patients with the best possible professional vigilance. The capacity of the human mind to remain vigilant is finite. Air traffic controllers are permitted to take on accountability for a restricted number of aircraft in order to avert airline mishaps.

Similarly, there is only so much that nurses may be expected to "watch out" for. Ensuring patient safety in healthcare settings requires the appropriate application of professional attentiveness. How is professional nursing vigilance practiced to enhance intended patient outcomes, is the inquiry.
results and reduce unfavorable ones? Examining the psychological notion of vigilance can Provide a response to this query. Alluisi and Loeb (1984)
Ensuring patient safety in healthcare settings requires the appropriate application of professional attentiveness. considered alertness from the perspective of signal detection theory. This view states that vigilance is the act of looking for signs. The issue for the individual is to accurately

evaluate if the signal is actually substantial or merely a manifestation of background noise. Signals are events that the individual determines to be signs of something significant and always occur against a background of "noise." For example, is the sound of the telephone actually ringing (a signal) or is it just background noise from the radio, television, or other sources? stereo) that characterizes the commotion in a home on a daily basis?

Psychology and nursing have investigated people's mental processes—which they employ to distinguish signals from noise—in great detail. In a grounded theory study of women suffering from migraines, vigilance was defined as "the art of watching out," based on each respondent's unique understanding of the disease (Meyer, 2002). The choice to act or not to act was the outcome of vigilance. No one else could see, feel, or hear the vigilante. Others may only deduce that vigilance had taken place based on the activity that followed "watching out". The components of vigilance that were derived from the migraine study have been modified for application in the nursing field: making sense of the present, projecting future events, estimating risks, being prepared to respond, and keeping track of the outcomes of interventions.

giving what is a purpose. By attributing meaning to what is, Meyer (2002) defined the first element of alertness. One fundamental aspect of nursing practice is attaching meaning. A nurse looks for indications in the patient and the surroundings as soon as they enter a patient's room. Questions like "What's going on?" pop up right away. One fundamental aspect of nursing practice is attaching meaning. Nurses spend a large portion of their time with patients gathering data, including taking vital signs, auscultating heart and lung sounds, observing performance of activities of daily living, and determining capabilities. Assessments follow the questions to determine the "what is." When it comes to patient assessment, the nurse's role is not limited to gathering and documenting data. The nurse must provide what is heard, seen, and felt nursing significance in order to finish an evaluation (Orem, 2001). By giving meaning to data, a nurse can distinguish between signals and noise and draw conclusions about which observations call for intervention and which are "within normal limits."

Nurses interpret "what is" in light of their training, experience, and body of knowledge. This is the phenomenon of pattern recognition that Benner (1984) identified. In order to identify patterns, nurses need to possess not only abstract knowledge about the topic they are studying, but also the mental ability to contextualize and modify their knowledge based on the specific instance (Paul &Heaslip, 1995). When a skilled nurse notices a minor alteration in a patient's breathing pattern and recognizes that prompt assistance is necessary, they are giving significance to the current situation. For this reason, knowledgeable, skilled nurses who are professionals are invaluable at the patient's bedside. Unlicensed workers trained solely to gather and record health data at predetermined intervals cannot match their capacity to identify signals and assess their significance. These employees may be able to collect data accurately, but they lack the scientific training and background in education necessary to interpret the data.

To put it briefly, pattern recognition is the process of giving meaning to the evaluation of "what is," and this process of giving meaning results in the formulation of nursing diagnostic statements (Figure). Declaring the diagnosis is an informed action that comes from professional vigilance, not the act of monitoring itself. But others don't notice that vigilance has taken place until after that activity. Observing for "what might happen" is a crucial aspect of professional attentiveness, as is giving meaning to "what is" actually occurring with a patient. Another aspect of nursing practice is anticipating "what might be." Examine the instance of Mr. P., an 86-year-old patient receiving warfarin sodium at home due to a history of atrial fibrillation. Mr. P. had an emergency hip pinning, and he is currently recovering from surgery. His nurse chooses to check his dressing multiple times, take his vital signs more often than required, and evaluate his mental state at each visit. The nurse for Mr. P. is interpreting "what is" while simultaneously posing questions like "What might happen here?" and "How will I know?" She is aware that Mr. P. is in serious danger of bleeding, so she is keeping an eye out for potential outcomes, such as what might be referred to as the "need for rescue."

Navigating the Risks: How Vigilant Nurses Safeguard Patient Outcomes

The nursing literature has recently focused on the concept of "failure to rescue" (Clarke & Aiken, 2003). According to Clarke and Aiken (p. 43), failure to rescue refers to a clinician's incapacity to preserve the life of a hospitalized patient in the event of a complication—a condition that was not present upon admission, like hemorrhaging in Mr. P's case. In order to properly "rescue" a patient, a nurse needs to be able to predict when complications are likely to arise and quickly identify indicators that suggest issues are starting.
Both surveillance, which entails regular evaluations, and the capacity to evaluate data and respond promptly to its conclusions are necessary. Responding to Professional nursing vigilance results in information and appropriate intervention, which frequently involves both independent nursing action and the mobilization of other members of the health care team.

figuring out the risk. Recognizing the danger that comes with any
Another facet of alertness is the course of activity.

In nursing practice, a completely risk-free intervention is rare. Because of shearing and friction, the thin, malnourished patient for whom the nurse raises the head of the bed to aid in breathing is more susceptible to pressure ulcers on his coccyx. He may be less likely to get pressure ulcers if the head of his bed is lowered, but breathing will become more difficult. Giving bedridden individuals medications to relieve their pain may A quality of professional vigilance is the capacity to assess and reduce danger. decrease respirations, which raises the risk of pneumonia; however, improving mobility and allowing nurses to prescribe deep breathing and coughing, which lowers the risk of pneumonia. The woman with Alzheimer's disease may become less

agitated but her risk of damage may increase if she is allowed to wander in a restricted area. While there may be some short-term risks involved, helping the diabetic adolescent customize his meal plan to include a fast food meal shared with friends may improve diet adherence overall.

In order to maximize desired patient outcomes and reduce unplanned ones, nurses must become skilled at recognizing, calculating, and managing the risk associated with these and other courses of action. This capacity for Expert vigilance is the ability to assess and reduce risk. remaining prepared to take action. Acting readiness is another essential. A nurse's alertness is demonstrated by each Kelly clamp that is taped to a patient's bed for a chest tube and by every suction machine that is available for a patient who is being fed for the first time after a stroke. an element of the nurse's "watch out" skills (Figure). A nurse's alertness is demonstrated by each Kelly clamp that is taped to a patient's bed for a chest tube and by every suction machine that is ready at the bedside of a patient receiving food for the first time after a stroke. Nurses who are always prepared to act are those that walk out into the community with their "nursing bags" filled full of supplies, such as tape, scissors, and alcohol wipes in their lab coat pockets. There is more to this preparedness than just practicality.

It stems from a knowledge foundation that enables the nurse to determine what could be needed in certain circumstances and to ensure that intervention can be carried out promptly when needed. keeping an eye on the outcomes. Meyer (2002) identified monitoring outcomes as the last element of attentiveness. This is essential to the profession of nursing. Nurses continuously project and track the accomplishment of goals. Nurses are tasked with keeping an eye on the outcomes of both their own and other healthcare providers' treatments, since they are frequently the only medical personnel by hospitalized patients' bedsides around-the-clock. The patient's response to the furosemide delivered yesterday evening will be questioned by the doctor, and the patient's physical therapist will inquire as to whether or not the patient's capacity to move from bed to chair has improved. By assessing the efficacy of interventions and forming opinions about what interventions work or don't work in particular circumstances, nurses continuously modify patient care and develop the diverse body of knowledge that Benner (1984) characterized as a feature of nursing expertise.

Recognizing the Mental Labor of Vigilance in Nursing Diagnoses:

The mental labor of nursing is called vigilance, and it is necessary. to well-informed nurse intervention. This mental labor should be defined and incorporated in our nursing vocabulary since it is the essence of nursing and one of the nurse's main responsibilities within the healthcare system. Language is the garment of mind, according to eminent English lexicographer Samuel Johnson (1905/1967, p. 58). The mental labor that nurses do is called Vigilance.

In order to progress the nursing profession, we must identify the topics on which we focus so

much of our time and energy. "If you didn't chart it, you didn't do it" is a common saying that new nursing students hear a lot. It may be exaggerated, but it means that a nurse's work is invisible to others if it isn't communicated. It will be essential to enter terms that reflect nursing's mental labor as nursing documentation gets more automated in order to communicate nursing's contribution to patient care, collect and evaluate nursing data, and make payment for nursing services easier.

It hasn't been too difficult for nurses to record their work. Nurses keep regular records of the prescriptions they've filled, treatments they've performed, and lessons they've started. Regretfully, nurses have not always found it as simple to put a name on what they believe and to share the conclusions that come from the mental labor of professional vigilance. A crucial first step in using theory to explain a problem and choose the best course of treatment is diagnosing the phenomenon. The ANA claimed that by defining or diagnosing the phenomena for which nurses were accountable, the 1980 Social Policy Statement on Nursing would bring them into sharper focus (ANA, 2003, p. 42). One of the key components of professional nursing, according to the 2003 Social Policy Statement, is the application of judgment and critical thinking in the application of scientific information to the diagnosis process (ANA, p. 5).

The nursing practice act outlines the nurse's duty to diagnose in 41 of the 50 states as well as the District of Columbia (Lavin, Avant, Warren, Craft-Rosenberg, & Braden, 2003). The clinical decisions made by licensed practical nurses are reflected in nursing diagnoses. A nursing diagnosis is a clinical determination concerning a person's, family's, and community's response to real or imagined health issues or life processes, according to the North American Nursing Diagnosis Association (NANDA) International (2003) (p. 263). The fundamental ability that nurses need to make these decisions is vigilance. A nursing diagnosis, according to NANDA International, must be one for which the nurse can choose nursing interventions and be responsible for the result. The majority of nurses are familiar with this kind of nursing diagnostic.

Diagnoses include "activity intolerance," "ineffective airway clearance," "self-care deficit," and "risk for falls" are recognized by NANDA and are found in a number of standardized documentation systems. Because they represent autonomous nursing practice, these names may be regarded as central nursing diagnoses.

terms used in diagnostic (Carpenito, 2000). Nurses who monitor patients with brittle diabetes for hypo- or hyperglycemia, patients recovering from hip pinning surgery for bleeding, or patients recovering from thyroidectomy for hypocalcemia are undoubtedly exhibiting the essential nursing attention. Nevertheless, despite the fact that this kind of attention to detail is essential to nursing, the vocabulary used in diagnostics today does not contain the proper phrases to indicate the detection of these hazards. We suggest the necessity for a second category of nursing diagnosis, specifically one that is Similar to a core diagnosis, a surveillance diagnosis is a clinical assessment of how an individual, family, and community are responding to real or

imagined health issues or life events. In the case of surveillance diagnoses, the nurse bears responsibility not only for professional vigilance and problem assessment (or diagnosis), but also for interventions and results. Instead of choosing solutions on their own, the nurse engages in interprofessional problem-solving and continuing management. Risk diagnoses, such as those for hypoglycemia, bleeding, elevated intracranial pressure, hypokalemia, and deep vein thrombosis, are examples of surveillance diagnostics.

Conclusion:

The nursing profession's core value of vigilance should be appropriately reflected in nursing terminology. The army patients of Florence Nightingale recognized her watchful presence and called her "the lady with the lamp" when she strolled among the beds at Scutari. Nurses nowadays are just as involved in making sure that no one else can see the special aspects of what we do. in order to safeguard their patients' safety and aid in their recuperation. Nursing vigilance demands both compassion and knowledge (Cullens, 1999). If we don't identify, characterize, and share this vigilance, we run the risk of this special feature of our job becoming unnoticed by others. The "dress of our thoughts," or the outward expression of professional thinking that is nursing terminology, needs to be updated to include all of the mental labor that nurses perform, not only the parts that correspond to autonomous nursing practice. In nursing language, both central and surveillance diagnoses have a role.

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