

Planerad processorienterad omvårdnad – nytta och implementering

Akademisk avhandling

som för avläggande av filosofie doktorsexamen vid Sahlgrenska akademien vid Göteborgs universitet kommer att offentligens försvaras i hörsal 2118, Institutionen för vårdvetenskap och hälsa, Göteborg, fredagen den 7 maj 2010 kl 13.00

av

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Avhandlingen baseras på följande delarbeten:

- I. Jansson, I., Pilhammar, E., & Forsberg, A. (2009). Obtaining a Foundation for Nursing Care at the time of Patient Admission: A Grounded Theory Study. *The Open Nursing Journal*, 3, 56-64.
- II. Jansson, I., Pilhammar, E., & Forsberg, A. (2009). Evaluation of documented nursing care plans by the use of nursing sensitive outcome indicators. *Journal of Evaluation in Clinical Practice*, Dec 18. [Epub ahead of print] doi:10.1111/j.1365-2753.2009.01233.x
- III. Jansson, I., Pilhammar, E., & Forsberg, A. (2010). Factors and conditions that have an impact in relation to a successful implementation and maintaining of individual care plans. *Worldviews on Evidence-Based Nursing*. In press.
- IV. Jansson, I., Bahtsevani, C., Pilhammar, E., & Forsberg, A. (2010). An evaluation of factors and conditions that influence the implementation of standardized nursing care plans. *Submitted*.

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Planned process-oriented nursing care – benefits and implementation

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Abstract:

To ensure the provision of good and safe nursing care in the ward, the nursing needs of each patient should be established and clearly documented in the form of care plans in his/her medical record. There is a lack of scientific evidence of the benefits of this method of working as well as why this part of the nursing process is not always successful. The main aim of this thesis was to describe the assessment and decision-making process pertaining to nursing needs performed by nurses, to evaluate the consequences of planned, process oriented nursing care and to identify the factors and conditions that have had an impact on the implementation of individual care plans (ICP) and standardized care plans (SCP).

In studies I and III, qualitative methods were used. In study I, data collection and analysis were carried out by means of Grounded theory. Study III was conducted by means of directed content analysis and guided by “The Promoting Action on Research Implementation in Health Services framework”. In studies II and IV, quantitative methods were employed.

The benefits of a planned, process oriented method of working involving documentation of care plans have been investigated from the perspective of both the patient and the nurse. Nurses who applied the process oriented method adopted a nursing perspective in the assessment of and decision making pertaining to the patient’s nursing needs, which was not the case with nurses who did not work in this way and who instead exhibited a more medical approach (I). Patients cared for in wards where care plans were documented reported being more involved and that the care was more tailored to their individual needs compared to those not cared for in this manner (II). Leadership that prioritises the development of nursing care is essential for the implementation and continued use of ICPs and SCPs. Another important factor was the presence of internal facilitators in the ward in the form of nurses with a clear mandate to work with these issues. The nurses reported that they did not discuss scientific evidence as a basis for performing planned process oriented nursing care and that they did not listen to patient experiences to any great extent (III, IV).

The conclusion is that structured, process oriented nursing care based on written care plans probably promotes the nursing perspective and enables patient participation. Leadership as well as facilitators with a clear role and mandate are important factors in the implementation of this method of working and scientific evidence is of less importance.

Keywords: Nursing process, assessment, judgment, individual care plans, standardized care plans, implementation, PARIHS framework