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Do contemporary patient assessment requirements align with expert nursing practice?

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ABSTRACT

Objective: This paper discusses contemporary patient assessment requirements and how they articulate with expert nursing practice.

Background: Contemporary patient assessment requirements are intended to standardise the conduct, collection and documentation of patient needs and risks. Current assessment requirements are designed to be applied uniformly for both expert and novice nurses' alike to ensure consistency in the process and documentation of assessment. The requirements for patient assessment have grown in complexity over time but there is a paucity of evidence that considers how those requirements impact the work of expert nurses.

Discussion: This discussion paper reflects on individual aspects of these issues such as how experts develop their practice, the elements of assessment requirements, how and why assessment requirements have changed over time.

Expert nurses develop practice over time that is shaped by exposure to a wide range of clinical scenarios and learning experiences. Expert practice is partly defined by an ability to quickly identify key elements of a patient's condition based on past experiences where the expert has learnt to recognise and predict patterns of care needs.

The literature identifies a number of risks inherent with current assessment requirements, many of which are poorly recognised. Disproportionate focus on documentation compliance can reframe nurses' practice away from assessing patient needs towards the process of assessment documentation instead. A lack of flexibility in assessment practice risks reducing the expert nurses' ability to respond to the individual needs of a patient and tailor care uniquely designed for their needs. Repetition and duplication of data collection unintentionally embedded within the assessment process, risks impacting the efficiency of practice and serves to increase expert nurses' frustration with the process. The complexity of assessment documentation was also seen to hinder the process of informing clinical judgement and may cloud the nurse's ability to recognise risks not specifically included in the mandated assessment tools.

Implications for research, policy and practice:

This discussion highlights specific elements of expert practice and compares that to contemporary assessment requirements.

Further research is needed to specifically measure the time impact of current assessment requirements on nurses. Feedback from expert nurses regarding the value of current requirements and what changes would positively impact their practice and

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satisfaction levels is needed. This would assist in refining assessment requirements to ensure that current requirements suit nurse's practice, ensure the efficiency of expert nursing practice, maximise nursing satisfaction, and limit loss of nurses from the profession while maintaining safety of practice.

What is known about the topic?

- The purpose and process of patient assessment has been thoroughly investigated over time.
- There is a significant body of knowledge and evidence that supports the use of standardised patient assessment documents.
- The value and nature of expert nurse practice has been widely explored in existing literature.

What this paper adds:

- Recognition that unintended risks in contemporary assessment requirements such as duplication and complexity of data collection has the potential to reduce the efficiency of nursing practice.
- Acknowledgement that assessment requirements are seen by some expert nurses as impacting safety, are burdensome and have the potential to reduce nursing satisfaction and retention.
- Recognition that a disproportionate focus on assessment documentation compliance has the potential to shift nurses' priorities away from the purpose of assessment onto the process instead.

Keywords: Nursing assessment; expert practice; documentation.

BACKGROUND

Developing a clearer understanding of the skills and knowledge that expert nurses utilise to conduct patient assessments can be used to ensure that contemporary policies that guide assessment requirements maximise the efficiency of care delivery. This is a key consideration in times of limited resources and nursing workforce shortages to maximise nursing retention and improve staff satisfaction.¹³ This discussion paper seeks to develop an insight into patient assessment practices of expert nurses and identify if current assessment requirements assist or hamper that practice. Assessment requirements here refers to guidance documents that outline what assessment tools and processes nurses are required to follow when conducting and documenting patient assessment. Typically this includes a range of individual assessment tools (either hard copy or online) such as falls risk tool, pressure injury risk tool etc. that must be completed at certain points of a patient's care journey. The types of tools used and their frequency will vary depending on the institution, but it is not unusual that a suite of assessment tools must be completed when a patient arrives in that setting (i.e. admission) and then ongoing throughout their stay. The assessment requirements are applied equally to all nurses despite their level of expertise or experience for the purpose of ensuring consistency in the process of assessment. Conducting assessments and then documenting the results can be time consuming, often requiring collection and documentation of duplicate data and can impact the efficiency of the admission assessment process.⁴ Nurses also report that the complexity of assessment requirements and the time it takes to conduct assessments has become frustrating, taking time away from other elements of care delivery, increasing the risk of missed care.^{5,6} Other authors have suggested that overly burdensome documentation can also reduce patient satisfaction levels.⁷

The following examines how individual nurses develop expertise and apply that in their practice over time. Embedded within those discussions is a historical context to the way in which nursing practice and patient assessment requirements have changed over time and how that has impacted the practice of nursing experts.

There is consideration of the nuanced ways in which expert nurses develop their approach to assessment that, once made more overt, can be used to consider redefining practice requirements with the potential to improve nursing satisfaction, efficiencies in practice and improve patient outcomes.

DEVELOPMENT OF EXPERTISE IN NURSING

Understanding the way in which an expert nurse manages problems or assesses their patients' needs, highlights areas of contemporary assessment requirements that may conflict with their practice.

The literature lacks a clear consensus that defines an 'expert nurse'. Much of the literature defines what expert practice looks like but there is little that describes the expert themselves. Some researchers have sought to identify individual nurse factors that contribute to expertise or other contextual factors such as experience, education and the practice environment.⁸ Other authors describe the characteristics of expert nurses in their ability to quickly identify the salient issues in a situation to form a quick 'reading' of what is occurring.⁹ What distinguishes an expert is their response to a situation, especially if urgent. Their actions are much more fluid and they do not see individual problems in a detached way that need solutions, instead, their response is in attunement of the situation that does not involve a fully conscious deliberation of individual responses.⁹ There are also elements of an ability to be predictive of patient needs, based on reflections of previous

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experiences, they are more likely to have higher education levels and experience, although experience is not solely predictive of expertise.^{8,10}

Identification of individual expert nurses may be difficult to specifically define but it's in observation of their practice where that label is then often applied by others.

Authors who have explored and explained expert nursing practice generally consider the development of expert practice at a broad level without consideration of specific elements like patient assessment.^{9,11-13} Much of the literature regarding the development of expert nursing practice can be found between the 1980s and the mid-2000s but this has reduced significantly since. The profession may have felt that the conceptual elements of expert practice were well defined by that time, so the need to continue that focus diminished. Conversely, during the same period, the complexity of patient assessment requirements have increased significantly, so there is value now in considering how, and if, expert practice articulates with those contemporary assessment requirements.

Much has been documented about how nurses develop competence in practice as they become more experienced, which then influences the effectiveness of patient assessment.¹⁴⁻¹⁶ One such author who considered this concept was Patricia Benner who applied the Dreyfus' model of skill acquisition in the 1980s and identified the development of nurses' practice over time from a novice to an expert.¹¹ Development of expertise results from, exposure to a variety of experiences that offer insight into what occurs during different clinical situations, and a precise identification of what is important within those situations. Within that description by Benner was a focus on some elements of the expert nurses' patient assessment practice. There is a reflective nature to the approach by the expert nurse, who views the patient as an individual, with unique needs and so the expert nurse may go beyond the prescribed assessment process, take short cuts, to tailor their practice to deliver individualised care based on the context of that specific situation.

Expert nurses feel able to identify patient needs quickly and may take these short cuts to deliver care in a manner that they believe is more efficient. There are competing opinions about the value and safety of these short cuts, or workarounds, in the literature and some authors have identified and measured the associated risks.^{17,18} The reasons expert nurses use for workarounds (nursing practices outside of prescribed processes) includes saving time, perceived improved patient care, and enhancement of work processes.¹⁹ This is often in response to what nurses see as barriers to efficient care that either they cannot or don't have the time to rectify. These perceived barriers include policies, regulations, protocols, work process design, technology and people. While the use of workarounds have the potential for poor outcomes, they do exist and understanding how, when

and why expert nurses use them is important. An insight into why they occur will likely assist in identifying what in the current design of policies, governing assessment practice requirements, is perceived by nurses as hampering practice and reducing efficiency.

Part of the reason for a growing frustration and a disconnect between requirements and practice is the increasing number of structured assessment tools, potentially creating a perception by some nurses that the patient assessment process has become too rigid, time consuming, frustrating and unhelpful. Some nurses may sense that they are unable to effectively prioritise and focus their energies on other elements of practice that they see as having more practical value.^{20,21} There is a risk of a disproportionate emphasis on completion of those assessment tools, potentially at the expense of other elements of care delivery. If the process of assessment is time consuming, there is further potential to detract from planning and implementing care driven by the assessment process rather than completion of a genuine assessment of the patient.²² So the nurses' priorities may become directed at the process of completing the assessment requirements correctly rather than framing their practice based on the purpose of that assessment.

Nurses may dismiss completion of assessment tools if they do not believe the process holds value for informing their assessment of the patient, that instead detracts from care delivery. This is more likely for the expert nurse who is able to make rapid and well informed decisions about the patients' needs without being guided by the assessment tools. The literature suggests that it is common for expert nurses to alter the way they assess over time but the individual may not fully recognise how this develops. One reason may be that nurses can struggle to articulate their practice and identify tacit elements within that practice.²³

A certain level of reflection is critical in the development of expertise and distinguishes expert nurses from others.¹¹ For the expert nurse, there may be a sense of comfort in the manner in which they practice, where they are able to make quick conclusions about what is occurring in a particular situation, assess that situation and make decisions about what is required to ensure patient safety without needing the assessment tools to direct or inform that knowledge.

Benner et al. discussed this notion as 'global sets' and Redley et al. as 'global triggers', where the nurse is able to quickly identify key elements of the patient's needs based on a range of patterns seen in previous experiences.^{5,9}

It is acknowledged that there is variation between the way expert and novice nurses practice and conduct assessments and the conceptual and actual frameworks they use varies and is influenced by experience, context, and reflection.²⁴ While expert nurses may incorporate global triggers in their practice, they may not be overtly aware that this is what they are actually doing.

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ASSESSMENT PRACTICES OF EXPERT NURSES

The approach to patient assessment varies between nurses with different levels of expertise and experience. The way an expert nurse assesses is likely reflective of, and influenced by, a combination of factors— their initial nursing education, previous care experiences, informal and formal learning activities and exposure to a wide range of clinical scenarios and patient conditions throughout clinical practice.¹¹ Expert nurses make rapid decisions that are based on key elements of a patient's status and needs and while this may appear abbreviated, it does not necessarily mean that the assessment is inaccurate or ineffective.²⁵ The way in which data about the patient is collected and used to make decisions, may not strictly follow the prescribed formulaic methods dictated by assessment requirements.

Mangus and Mahajan describe how clinicians develop this ability based on intuitive reasoning and decisional shortcuts or *Heuristics*.²⁶ These are based on the individuals' previous experiences which have been used to create patterns of decision making. While they identify that heuristics allow decisions to be made efficiently, quickly, and generally accurately, they acknowledge that there is a danger that decisions made quickly, risk being inaccurate or subject to bias.²⁶ They describe a process of decision making (assessment) that is reflective of a 'Dual Process Theory' that describes human reasoning and decision making (assessment then intervention) based on the use of two interrelated systems used by the individual's brain. System 1, the *Intuitive system*, is based on recognition of patterns of previous experiences/outcomes and is more subconscious in nature while system 2, the *Analytical system*, involves a slower and more deliberate consideration of a problem or situation.^{26,27} The literature identifies a variety of views on this concept including a significant risk of bias in system 1 decision making leading to premature decisions regarding diagnosis and assessment but also identifies potential for improvement in efficiencies of care delivery.²⁶⁻²⁸ While the distinction between the two systems is useful to understand the conceptual way expert nurses' assessment practice occurs, the reality is more complex and less accurately described along those two delineated lines.^{27,28}

Over time, as an individual expert nurse is exposed to a wider range of clinical scenarios and situations, they develop a broad base of experiences and outcomes that act to strengthen their ability to make quick and accurate decisions in the future.²⁶

The expert practitioner will make decisions quickly, based on first impressions or 'thin slice' sampling. While there is a risk in isolated use of the system 1 approach influenced by certain biases of the individual, it can be strengthened by the repetitive use of system 2 over time, that actually leads to more accurate system 1 responses.²⁹ For example, the expert nurse who has seen a wide range of certain scenarios

over time may have employed a more logical or analytical approach in dealing with those previous situations, especially if they were complex and challenging, which then in turn equips them to be more reflexive in their response to similar situations in the future. Hence, the nurse is more likely to develop expertise over time if they use a combination of both approaches and reflect on their practices and experiences.

While these systems and concepts may appear nebulous, it is demonstrative of the way expert nurses have developed their assessment practice over time and articulating this more clearly provides the opportunity to better nurture and support expert assessment practice to provide effective and efficient healthcare delivery.

An example of this approach that can more clearly differentiate expert practice, is assessment of a patient's pain needs, where the patient is unable to report their pain needs due to the presence of dementia or delirium. Many institutions utilise a specific tool to guide nurses in this assessment. It is likely that the expert nurse will observe the patient first, be aware of any injuries or sources of pain, watch for behavioural patterns that may indicate pain, engage with the patient and very quickly make a decision regarding the pain likely being experienced by that person. They do not use the tool as a guide to conduct the assessment, instead the tool is used as a means of documenting the assessment they have already constructed internally. These decisions and approaches are based on patterns identified across a wide range of previous experiences with patients in similar situations. This process may take a matter of seconds and the nurse may not even be fully aware of the way they are formulating that assessment. It may occur without purposeful thought as that nurse has learnt to do this over time (using a combination of a system 2 then system 1 approach). If required, they will then adapt and document that assessment into the prescribed assessment tool. The important distinction here is that the expert nurse naturally felt confident in conducting a pain assessment, without the use of the prescribed tool, and added detail into the tool after their assessment had already been completed, they did not need to be guided by that tool to assess the patient. The tool was used by the expert as a medium to document the assessment, not as a resource to guide the assessment.

At first glance this distinction may seem inconsequential, but it demonstrates a key difference in the way an expert approaches assessment practice. This is reflective of a sophistication of their practice, where the expert has a natural confidence to conduct patient assessments in an abbreviated and informal manner (*Heuristics*), while still having certainty in the best outcome for that patient in that situation.

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PATIENT ASSESSMENT

Understanding the broad role, value and function of patient assessment is essential in developing an appreciation for not only how nurses learn to assess but also the significant role assessment plays in developing and planning nursing care delivery. Assessment has long been acknowledged as an integral part of a nurse's ability to plan and provide appropriate and effective care.³⁰ Effective assessment provides a platform for nurses to identify patient specific needs, prioritise actions and then plan and implement care.³⁰ Patient assessment processes vary depending on the setting and type of care required. In the acute setting, it is generally conducted by nurses on admission when they first come into contact with a patient through a formalised, admission type process, then on a continual basis throughout any episode of care. Assessment or 'diagnosis related nursing practice' is essentially a mental process that involves a series of cognitive activities and is the first step in the nursing process.³¹

Lee et al. (2006) suggested that "It is apparent that despite the substantial volume of research literature in the field of decision-making, clinical judgement, diagnostic reasoning, and nursing intuition, the distinctive process that nurses engage in when diagnosing the clinical condition of patients ... still remains largely undefined, under documented, and essentially invisible".^{32(p63)} The same may still be true today. Gaps exist in the profession's understanding of the complexities of nursing practice and this is no different for patient assessment. Much of the existing literature discusses the process, the value, specific elements and the impact of assessment but fails to consider if that practice is supported or is at odds with current patient assessment requirements.

Nursing assessment is not a static process that occurs at any one specific time, its focus is partly driven by the prediction of needs and importantly, is not solely information gathering. It is a cognitive process that may involve some element of intuition and is influenced by some internally driven information based on the individual nurse conducting the assessment.¹² An appreciation of the nuances of assessment can therefore be used to better align patient assessment requirements to that practice.

HISTORICAL DEVELOPMENTS IN ASSESSMENT PRACTICE

Throughout the early stages of the 21st century a culture of safety and quality became more prominent within healthcare, with the purpose of minimising risk and reducing harm.³³ Risk mitigation is an essential component of healthcare systems and is focussed on risks related to complex systems, workload related clinician errors, poor knowledge and clinicians who deviate from safe operating procedures.³⁴ Literature that considers risk mitigation such as Hughes state that organisations must design systems "...to ameliorate the effects of whatever human error occurs..." and that "...because of the fallibility of the human

condition, working conditions can be changed so that the potential of errors is reduced and the effect of errors that do occur is contained".^{34(p8)} While this is partly true, it has been suggested that the evolutionary nature of healthcare delivery has unwittingly contributed to a system of patient safety that has not been designed in a calculated manner but has instead come into existence in a piecemeal fashion. While each element within this piecemeal approach makes a positive contribution to safety and care delivery, the resulting complexity increases multiple interactions within practice that can obscure the underlying system designed to ensure that safe practice occurs.³³ This concept can be applied to assessment requirements, while intended to ensure rigor of practice and patient safety, it may actually reduce safety due to the arbitrary nature of how those requirements have grown over time that has resulted in a complex system that has created unintended consequences.

In contemporary healthcare, the process of patient assessment includes a requirement to complete an increasing number of standardised assessment tools.^{22,35} As new tools are added over time, patient assessment requirements have become more complex. Beckwith et al. identified that genuine assessment is complex and involves processes of induction, deduction, analytic reasoning linked with intuition and practical, theoretical and experiential knowledge.³⁶ They go on to identify that there is often confusion regarding the scope and sophistication of assessment when compared to formal or informal assessment and screening.

While the change in assessment requirements is rightly designed to strengthen patient safety, limit errors and improve the delivery of safe care, there may have been an unintended effect of altering the way in which nurses conduct and also interpret the purpose and process of patient assessment.

Hollnagel, Wears and Braithwaite identify that things (practice) in healthcare generally 'go right' not because people always behave as they are required, but because they can, and do, adjust their practice to the specific context of a situation.³⁷ They continue by saying that as the complexity of healthcare delivery increases, the ability to vary individual practice becomes increasingly important, and that flexibility is more likely to achieve acceptable performance and outcomes. Benner identified that nursing is faced with two potentially conflicting mandates, providing individualised care and limiting errors by minimising variations.²⁵ This is the challenge for the expert nurse who must consider the disjuncture between notions of standardisation versus individual care. Hollnagel, Wears and Braithwaite suggest that there is a need to consider the benefits of flexibility of practice requirements while at the same time ensuring that elements of practice that require a more structured or traditional approach to safety, be maintained, allowing flexibility where appropriate or able.³⁷

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So, in essence, while useful in intent, any rigidity of patient assessment requirements may actually restrict the ability to tailor individualised care by not accommodating some level of flexibility.

STRUCTURED ASSESSMENT TOOLS

These are tools such as the Braden Scale to assess pressure injury risk. Contemporary patient assessment requirements include a range of these tools to ensure all elements of patient needs are assessed. This may then be framed as conducting an admission or completing the daily assessment of patient needs. The tools are designed to ensure uniformity of how assessment is conducted and documented, and the purpose is to ensure a minimum level of practice is achieved that maintains patient safety.³⁸ The uniformity is helpful for nurses at the beginning of their careers who may benefit from that prescriptive direction.

It has been acknowledged that these formal assessments are not always completed however and there is evidence that staff can become overwhelmed by the number and the complexity of tools.^{22,39} As patient assessment requirements become more prescriptive there is a risk that the development and application of critical thinking skills in nurses may be diluted or lost. Echoing this potential risk, Barbara Braden, reflected on the development of the Braden Scale 25 years later and suggested that tools such as the Braden Scale should be used in combination with nursing judgement and that the score should only be one element used to determine risk.⁴⁰ On reflection of the tool as a predictive measure, she acknowledged that each subsection should be used to identify particular elements of risk, that those patients with a low risk may still require interventions and that it is essential that nursing judgement be used to determine the intensity of the preventative measures.⁴⁰

Some institutions use compliance with assessment documentation to drive financial rewards, so the institution is financially remunerated, and therefore motivated, to achieve higher levels of assessment documentation.⁴¹ There is limited evidence of the effectiveness of these 'pay for performance' programs.⁴¹ If documentation compliance is the sole measure being assessed, then the primary effect may be limited to improvement of documentation compliance at the expense of ensuring that care is designed and delivered to meet individual patient needs.

There is a potential serious flaw in the assumption that completion of the prescribed assessment tools, measured as compliance with assessment documentation, will result in the delivery of high quality care. If the complexity of assessment documentation is excessive, time consuming and repetitive, this may also lead to clinical frustration, use of short cuts, shift of focus to compliance with documentation rather than using that information to inform care needs and therefore interventions.

Individually these tools are valuable, but over time as the number and frequency of the use of these tools has increased, the overall effectiveness and suitability of assessment requirements has suffered. There is value in considering the burden of assessment requirements and documentation, especially for nurses with varying levels of expertise.

CONCLUSION

Contemporary patient assessment requirements have grown in complexity over time, resulting in an increased burden on nurses, due to increasing numbers of individual assessment items and duplication of data collection. Existing requirements are not designed for flexibility in how assessments are documented for nurses with varying levels of expertise. Standardisation and increasing complexity of assessment requirements have occurred in response to a perceived need to maintain patient safety. While this safety consideration is essential, changes over time have resulted in a number of unintended consequences that have not been predicted, recognised or measured.

These unintended consequences are poorly recognised in both practice and the literature and there is a risk that continual reliance on complex assessment processes and documentation will overwhelm nurses and detract from the provision of effective care delivery and use of critical thinking skills.

The primary intent of this discussion paper is to explore the issues identified above and offer them for consideration by the nursing profession and provide some initial suggestions for practice, policy and future research.

IMPLICATIONS FOR PRACTICE, POLICY AND FUTURE RESEARCH

Consideration of these issues is key to redefining nursing practice as it moves into the 3rd decade of the 21st century, especially where there are significant challenges regarding resource availability. There is potential to reconsider nursing approach to assessment documentation and the burden/focus it may place on nurses and look for alternatives that can ensure both safety within practice and satisfaction by nurses. Measurement of the time it takes nurses to conduct patient assessments and any associated effect on the delivery of care is missing in the literature. Establishing the impact of those requirements is essential to determine the value of current assessment requirements against the unintended consequences of current practice that have led to undue burden of assessment related documentation.

Further research is needed that examines how the current assessment requirements impact nursing care delivery but also how nurses perceive the value of those requirements, for both expert and non-expert nurses.

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There is also a need to consider the direction of nursing education and practice, in regard to patient assessment and refocussing the profession towards genuine assessment practices while at the same time ensuring patient safety is maintained. Essential to this consideration is the notion of the tacit elements of expert practice and how that can be recognised and then embedded into patient assessment requirements.

It is essential to acknowledge that any allowance of flexibility in assessment documentation practices may be met by significant resistance by some. The prime concern is likely to be a reduction in patient safety through variability in documentation standards but evidence that allays those concerns may be generated by research specifically designed to consider and measure this practice.

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