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# Determining the perception of nursing diagnosis by nurses working in a state hospital

**Abdullah Çağa** [1], Ondokuz Mayıs University, Samsun, Turkey.

**Gülşah Kaya**, Yozgat Bozok University, Yozgat,Turkey.

**Tuğba Kavalalı Erdoğan**, Ondokuz Mayıs University, Samsun,Turkey.

**Zeynep Sağlam**, Ondokuz Mayıs University, Vocational School of Health Services, Samsun, Turkey.

**Zeliha Koç** , Ondokuz Mayıs University, Samsun,Turkey .

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**Abstract**

The use of nursing diagnoses plays an important role in assessing nursing outcomes, improving patients' quality of life, and developing nursing practices. This study aimed to determine the perception of nursing diagnoses by nurses working in a government hospital. The study was conducted with 170 nurses working in a government hospital who were willing to participate in the study. Data were collected using a 24-question questionnaire that captured the socio-demographic and work-life characteristics of the nurses and the nursing diagnosis perception scale. This scale consists of 26 Likert-type items. A minimum of 1 and a maximum of 5 points can be scored on the scale. A low total score on the scale indicates that nurses perceive nursing diagnoses positively. Percentile calculation, Kruskal Wallis, Mann Whitney U-test, t-test, and Cronbach's alpha coefficient were used to analyze the data. In this study, results showed that nurses have a moderately positive perspective on perceiving nursing diagnoses.

***Keywords****:* Nurse; nursing care; nursing diagnoses; perception

* ADDRESS FOR CORRESPONDENCE: Abdullah Çağa, Ondokuz Mayıs University Institute of Postgraduate Education Emergency Nursing Graduate Student, Samsun, Turkey.
Email: zelihaceren@hotmail.com / Tel.: +90 (541) 356 68 98.

## 1. Introduction

Nursing is a discipline consisting of science and art that renews itself with the existing changes and scientific developments and deals with the health care of the individual, family, group, and society [1-3]. Nurses have the duties and responsibilities of defining, documenting, and evaluating the actions they perform in health care services. For this reason, there is a need to utilize the nursing process, which is a scientific tool, while meeting the care needs of healthy/patient individuals [4]. The nursing process is a professional nursing approach used in diagnosing the individual's health and disease response, diagnosing and improving the individual from a scientific perspective [5]. The World Health Organization defines the nursing process as "the systematic use of scientific problem-solving methods in nursing care" [6].

In the Nursing Regulation published by the Ministry of Health in the Official Gazette on March 8, 2010 [7], the duty of the nurse is described as ''Determines the health-related needs of the individual, family, and society that can be met by nursing interventions in every environment and plans, implements, evaluates and supervises nursing care based on evidence within the framework of the needs determined within the scope of the nursing diagnosis process''. Accordingly, nurses must know the nursing process and use it in patient care [8,7]. In addition, per the quality standards in health, the preparation and use of patient care plans have been made mandatory in hospitals [9].

The use of the nursing process in health care settings has many benefits. Using a common language in determining nursing diagnoses facilitates national and international communication in the nursing profession [10] . It supports the continuity of care and increases the visibility of nursing practices by facilitating the reporting of care and outcomes [11]. Recording and reporting of nursing practices can be used not only for documentation and comparison but also as a tool to evaluate and improve the quality of nursing care [12]. Therefore, classifications representing standardized nursing language are recommended to be used in practice [13].

The care provided in line with the nursing process ensures the systematic continuation of nursing practices. The "nursing process," which includes data collection, diagnosis, and interventions for these diagnoses, is based on a scientific basis. It ensures the provision of accurate and effective nursing care. The nursing process ensures continuity of patient care and a multidimensional evaluation of the patient. At the same time, the nursing process strengthens the effective, quality, individual, and holistic patient approach. Nursing care is planned in line with the needs of the healthy/patient individual, and the nursing care plan is updated in line with new needs that may arise [14]. The nursing process consists of obtaining patient information, diagnosis, planning, implementation of diagnostic interventions, and evaluation of the patient outcome [15].

Nursing diagnoses focus on the current or potential problems of the healthy/patient individual in planning the patient care process and evaluating the results of care. These diagnoses may be related to the current situation or may include possible risks [15]. In the diagnostic phase, the aim is to analyze the current situation in case of deviation from health and to determine the coping methods used by the individual. If an appropriate and effective nursing diagnosis cannot be made for the individual, the correct nursing diagnosis may not be made. Nursing diagnoses can be a diagnosis for the current situation or a diagnosis that addresses potential risks and aims to improve health and well-being [16,17].

There are concrete and observable descriptive features in the nursing diagnosis that define the current situation. These patient-specific factors enable a specific nursing diagnosis to be made [18]. In this direction, to determine the perception of nursing diagnoses by nurses and to develop appropriate strategies in line with the findings obtained, studies revealing the differences between nurse groups working in university hospitals, state hospitals, and private hospitals and the findings and information obtained from this study are needed [9]. It is thought that the results obtained from this study will be useful in developing appropriate strategies in this regard.

### *1.1.* Purpose of the Study

This study was planned as a descriptive study to determine the perception of nursing diagnoses by nurses working in a state hospital. In this study, answers to the following questions were sought:

- How do nurses have a perspective in perceiving nursing diagnoses?
- Does the nurses' perception of nursing diagnoses differ according to their sociodemographic characteristics and working life characteristics?

## 2. Materials and methods

This descriptive study was conducted with the participation of nurses working in a state hospital.

### *2.1. Participants*

A total of 170 nurses working in a state hospital participated in the study. Nurses who were willing to participate in the study were included in the study. The dependent variable of the study is nurses' perception of nursing diagnoses. The independent variables of the study are the sociodemographic and working life characteristics of the nurses.

### *2.2. Data collection tools*

In the study, data were collected using a questionnaire form that determines the sociodemographic and working life characteristics of nurses and the Perception of Nursing Diagnoses Scale. The questionnaire form was prepared by the researchers in line with the literature. The questionnaire form consisted of a total of 24 questions about the sociodemographic (age, gender, marital status, family type, number of children) and working life characteristics of the nurses (the service they work in, their position in the service, the number of years they have been working as a nurse, their working status, the way they work, their willingness to choose their profession, their liking for their profession, their satisfaction with the service they work in, the average number of patients they care for daily).

#### *2.2.1. Nursing diagnoses perception scale*

The Nursing Diagnosis Perception Scale was developed by Olsen et al. [19] and adapted into Turkish by Korhan et al. [20]. The scale is a five-point Likert-type scale consisting of 26 items and four sub-dimensions: Definition and Introduction of the Nursing Profession, Clearly Describing the Patient's Condition, Ease of Use, and Conceptual Direction. Scale items are scored as ''I completely agree (1)'', ''I agree (2)'', ''I am undecided (3)'', ''I disagree (4)'', ''I completely disagree (5)''. The total score obtained from the scale is calculated by dividing the total score by the number of items. The score range in this scale varies between 1-5. A low total score indicates that nurses have a positive perspective in perceiving nursing diagnoses.

### *2.3. Data collection and ethics*

The ethical standards of the Declaration of Helsinki were complied with in this study. permission was obtained for the use of the Nursing Diagnosis Perception Scale. Data were collected by the researchers. Informed consent was obtained from the nurses. After the study was explained to the participating nurses, the questionnaire form and the Nursing Diagnosis Perception Scale were applied to them. It was explained to the nurses that the decision whether to participate in the study or not was entirely their own, that their names would not be written on the questionnaire form, and that the data to be collected from this study would only be used within the scope of the research. It took approximately 10 minutes to complete the questionnaire form and scale.

### *2.4. Data analysis*

The statistical analysis of the data obtained from the study was carried out using the SPSS 26 package program in a computer environment. One-way ANOVA, t-test, and Tukey test were used to analyze the normally distributed data. The results were presented as frequency, percentage, mean, and standard deviation. The significance level was taken as $p<0.05$.

## 3. Results

The number of nurses that participated in this study was 170. It was determined that 84.7% of the nurses participating in the study were women and 15.3% were men, 61.8% were married, 45.9% had a bachelor's degree, 85.9% had a nuclear family structure, 60.0% had children, 52.9% had two children, and 45.3% were in the 21-30 age group (Table I).

TABLE I

DISTRIBUTION OF SOCIODEMOGRAPHIC CHARACTERISTICS OF NURSES

| **Characteristics** | | **n** | **%** |
|---|---|---|---|
| Age groups | Ages 21-30 | 77 | 45,3 |
| | Ages 31-40 | 73 | 42,9 |
| | Ages 41 and above | 20 | 11,8 |
| Gender | Female | 144 | 84,7 |
| | Male | 26 | 15,3 |
| Marital status | Married | 105 | 61,8 |
| | Single | 65 | 38,2 |
| Educational status | Health Vocational High School | 28 | 16,5 |
| | Associate Degree | 54 | 31,8 |
| | Undergraduate | 78 | 45,9 |
| | Master's degree | 10 | 5,9 |
| Family type | Extended family | 24 | 14,1 |
| | Nuclear family | 146 | 85,9 |
| Parental status | Yes | 102 | 60,0 |
| | No | 68 | 40,0 |
| Number of children | 1 | 29 | 28,4 |
| | 2 | 54 | 52,9 |
| | 3 and above | 19 | 18,6 |

30.0% of the nurses work in surgical units, 90.0% work as service nurses, 30.0% have been working as nurses for 1-5 years, 62.4% have been working as nurses in their hospital for 1-5 years, 77. 1% have been working as a nurse for 1-5 years in the service where they are currently working, 52.4% have a total number of nurses working in their service ranging from 1-10, 93.5% have permanent employment status, 75.3% work in shifts, 74.1% chose their profession willingly, 71. 8% liked their profession, 63.5% were satisfied with the service they worked in, 68.2% preferred the department they worked in willingly, 74.1% worked 40-48 hours a week, 77.6% had an average daily number of patients they cared for between 1-10, 78. 2% made a care plan, 77.1% thought that they had sufficient knowledge about nursing diagnoses, 67.1% stated that making a care plan was necessary, and 63.5% wanted to receive education about nursing diagnoses (Table II).

TABLE II

DISTRIBUTION OF NURSES' CHARACTERISTICS RELATED TO WORKING LIFE

| **Characteristics** | | **n** | **%** |
|---|---|---|---|
| Service worked at | Emergency service | 14 | 8,2 |
| | Surgical units | 51 | 30,0 |
| | Internal units | 22 | 12,9 |
| | Obstetrics and delivery room service | 11 | 6,5 |
| | Intensive care | 47 | 27,6 |
| | Palliative care | 15 | 8,8 |
| | Pediatrics | 5 | 2,9 |
| | Physical therapy and rehabilitation | 5 | 2,9 |
| Role in the service | Service nurse | 153 | 90,0 |
| | The service nurse in charge | 17 | 10,0 |
| Years worked as a nurse | 1-5 years | 51 | 30,0 |
| | 6-10 years | 43 | 25,3 |
| | 11-15 years | 27 | 15,9 |
| | 16-20 years | 28 | 16,5 |
| | 21 years and above | 21 | 12,4 |
| Years worked as a nurse at the current hospital | 1-5 years | 106 | 62,4 |
| | 6-10 years | 33 | 19,4 |
| | 11-15 years | 13 | 7,6 |
| | 16-20 years | 11 | 6,5 |
| | 21 years and above | 7 | 4,1 |
| Years worked as a nurse at my current service | 1-5 years | 131 | 77,1 |
| | 6-10 years | 22 | 12,9 |
| | 11 years and above | 17 | 10,0 |
| Number of nurses working at the service | 1-10 nurses | 89 | 52,4 |
| | 11-20 nurses | 46 | 27,1 |
| | 21 nurses and above | 35 | 20,6 |
| Work status | Permanent | 159 | 93,5 |
| | Contracted | 11 | 6,5 |
| Work times | During daytime | 42 | 24,7 |
| | In shifts | 128 | 75,3 |
| Status of choosing the profession willingly | Yes | 126 | 74,1 |
| | No | 44 | 25,9 |
| Liking the profession | Likes | 122 | 71,8 |
| | Likes not | 48 | 28,2 |
| Being satisfied with the service being offered at | Satisfied | 108 | 63,5 |
| | Not satisfied | 19 | 11,2 |
| | Partially satisfied | 43 | 25,3 |
| Preferring the work department willingly | Yes | 116 | 68,2 |
| | No | 52 | 30,6 |
| | Partially | 2 | 1,2 |
| Total number of hours worked per week | 40-48 hours | 126 | 74,1 |
| | 49-60 hours | 24 | 14,1 |
| | 61 hours and above | 20 | 11,8 |
| | 1-10 patients | 132 | 77,6 |

| | | | |
|---|---|---|---|
| Average number of patients cared for per day | 11-20 patients | 24 | 14,1 |
| | 21 patients and above | 14 | 8,2 |
| Care planning status | Yes | 133 | 78,2 |
| | No | 37 | 21,8 |
| Thinking you have sufficient knowledge about nursing diagnoses | Yes | 131 | 77,1 |
| | No | 37 | 21,8 |
| | Partially | 2 | 1,2 |
| Thinking it is necessary to make a care plan | Yes | 114 | 67,1 |
| | No | 56 | 32,9 |
| Desire to receive training on nursing diagnoses | Yes | 108 | 63,5 |
| | No | 62 | 36,5 |

The median score of the nurses in the Perception of Nursing Diagnoses Scale was 2.4 (1 - 5), the median score in the Definition and Introduction of the Nursing Profession subscale was 2 (1 - 5), the median score in the Clearly Describing the Patient's Condition subscale was 2.8 ± 0.8, the median score in the Ease-of-Use subscale was 2.8 (1 - 5), and the median score in the Conceptual Direction subscale was 2.5 (1 - 5) (Table III).

TABLE III
MEAN AND MEDIAN OF THE PERCEPTION OF NURSING DIAGNOSES SCALE AND ITS SUB-DIMENSIONS POINT VALUE

| | **Med (Min-Max) A.O ± S.S** |
|---|---|
| **Nursing Diagnoses Perception Scale** | 2,4 (1 - 5) |
| Definition and Introduction of the Nursing Profession Subdimension | 2 (1 - 5) |
| Clearly Describing the Patient's Condition Subdimension | 2,8 ± 0,8 |
| Ease of Use Subdimension | 2,8 (1 - 5) |
| Conceptual Direction Subdimension | 2,5 (1 - 5) |

It was found that the Nursing Diagnosis Perception Scale score showed a statistically significant difference according to the variables of the service where the nurses worked and the status of thinking that it was necessary to make a care plan ($p<0.05$). In this direction, the Nursing Diagnosis Perception Scale scores of the nurses working in the pediatric service were statistically significantly higher than the scores of the nurses working in other services ($\chi2= 16,997$, $p= 0,017$). The Nursing Diagnosis Perception Scale scores of the nurses who thought that making a care plan was necessary were found to be statistically significantly lower than the scores of the nurses who did not think that making a care plan was necessary ($U= 1836.5$, $p< 0.001$) (Table IV).

TABLE IV
COMPARISON OF THE RELATIONSHIP BETWEEN THE CHARACTERISTICS OF NURSES' WORKING LIFE AND THE PERCEPTION OF NURSING DIAGNOSES SCALE SCORE

| **Characteristics** | | **Med (Min-Max) A.O ± S.S** | **p Value Test Value** |
|---|---|---|---|
| Service worked at | Emergency service | 2,6 (2 - 4) | |
| | Surgical units | 2,5 (1 - 3) | |
| | Internal units | 2 (1 - 3) | |
| | Obstetrics and delivery room service | 2,7 (2 - 5) | **p= 0,017** $\chi^2$= 16,997 |
| | Intensive care | 2,3 (1 - 4) | |
| | Palliative care | 2,4 (1 - 4) | |
| | Pediatrics | 3 (2 - 3) | |

| | | | |
|---|---|---|---|
| | Physical therapy and rehabilitation | 1,9 (2 - 3) | |
| Thinking it is necessary to make a care plan | Yes | 2,2 (1 - 4) | **p< 0,001** U= 1836,5 |
| | No | 2,8 (1 - 5) | |

A.O ± S.S: Arithmetic Mean ± Standard Deviation, χ2: Kruskal Wallis Test Statistics, U: Mann Whitney U Test Statistic

It was determined that the sub-dimension score of Definition and Introduction of the Nursing Profession of the scale showed a statistically significant difference according to the variables of the service where the nurses worked and the status of thinking that making a care plan was necessary (p<0.05). Results showed that the Definition and Introduction of the Nursing Profession sub-dimension score of the nurses working in the pediatric service were statistically significantly higher than the nurses working in other services ( χ2= 19,720, p= 0,006), and the Definition and Introduction of the Nursing Profession sub-dimension scores of the nurses who did not think it was necessary to make a care plan were statistically significantly higher than the nurses who thought it was necessary to make a care plan (U= 1752.5, p< 0,001) (Table V).

TABLE V
COMPARISON OF NURSES' CHARACTERISTICS RELATED TO WORKING LIFE WITH THE SUB-DIMENSION SCORE OF DEFINITION AND INTRODUCTION OF THE NURSING PROFESSION

| **Characteristics** | | **Med (Min-Max) A.O ± S. S** | **p Value Test Value** |
|---|---|---|---|
| Service worked at | Emergency service | 2 (1 - 4) AB | p= 0,006 $\chi^2$= 19,720 |
| | Surgical units | 2,2 (1 - 4) A | |
| | Internal units | 1,7 (1 - 3) B | |
| | Obstetrics and delivery room service | 2,2 (1 - 5) AB | |
| | Intensive care | 2 (1 - 4) AB | |
| | Palliative care | 1,9 (1 - 4) AB | |
| | Pediatrics | 2,9 (2 - 3) AB | |
| | Physical therapy and rehabilitation | 1,7 (1 - 3) AB | |
| Thinking it is necessary to make a care plan | Yes | 2 (1 - 4) | p< 0,001 U= 1752,5 |
| | No | 2,6 (1 - 5) | |

A.O ± S.S: Arithmetic Mean ± Standard Deviation, χ2: Kruskal Wallis Test Statistics, U: Mann Whitney U Test Statistic

It was found that the sub-dimension score of Describing the Patient's Condition Clearly showed a statistically significant difference according to the variables of nurses' family type and the number of nurses working in the service (p<0.05). Results showed that the sub-dimension score of Defining the Patient's Condition Clearly of nurses with nuclear family type was significantly higher than that of nurses with an extended family type (t= -2,216, p= 0,028) (Table 6), and the sub-dimension score of Defining the Patient's Condition Clearly of nurses with 21 or more nurses working in the service was statistically significantly higher than that of nurses with 1-10 and 11-20 nurses working in the service (F=5,866, p=0,003) (Table VI).

TABLE VI
COMPARISON OF SOCIODEMOGRAPHIC AND WORKING CHARACTERISTICS OF NURSES WITH THE SUBSCALE SCORE OF DESCRIBING THE PATIENT'S CONDITION CLEARLY

| **Characteristics** | | **Med (Min-Max) A.O ± S. S** | **p Value Test Value** |
|---|---|---|---|
| Family type | Extended family | 2,5 ± 1 | p= 0,028 t= -2,216 |
| | Nuclear family | 2,9 ± 0,8 | |

| | | | |
|---|---|---|---|
| Number of nurses working at the service | 1-10 | 2,7 ± 0,8 A | p= 0,003<br>F= 5,866 |
| | 11-20 | 2,7 ± 1 A | |
| | 21 and above | 3,2 ± 0,7 B | |

A.O ± S.S: Arithmetic Mean ± Standard Deviation, F: One-way Analysis of Variance Test Statistic, t: Independent sample t-test statistic

Results showed that the Conceptual Direction sub-dimension score of the scale showed a statistically significant difference according to the variables of the service where the nurses worked, the total number of nurses working in the service, and the status of thinking that it was necessary to make a care plan ($p<0.05$). In this direction, it was determined that the Conceptual Direction sub-dimension scores of the nurses working in the obstetrics and gynecology service were statistically significantly higher than the nurses working in other services ($\chi2= 15,876$, $p= 0,026$). The Conceptual Direction sub-dimension scores of nurses with a total number of nurses working in the service of 21 or more were statistically significantly higher than those of nurses with a total number of nurses working in the service of 1-10 and 11-20 ($\chi2= 6,939$, $p= 0,031$). It was found that the Conceptual Direction sub-dimension scores of the nurses who thought it was necessary to make a care plan were statistically significantly lower than the scores of the nurses who did not think it was necessary to make a care plan ($U= 2072$, $p< 0.001$) (Table VI).

TABLE VI
COMPARISON OF SOME SOCIODEMOGRAPHIC AND WORKING LIFE CHARACTERISTICS OF NURSES WITH CONCEPTUAL DIRECTION SUBSCALE SCORE

| **Characteristics** | | **Med (Min-Max) A.O ± S. S** | **p Value Test Value** |
|---|---|---|---|
| Service worked at | Emergency service | 2,9 (3 - 4) AB | p= 0,026<br>$\chi^2$= 15,876 |
| | Surgical units | 2,8 (1 - 4) AB | |
| | Internal units | 2,4 (1 - 3) A | |
| | Obstetrics and delivery room service | 3,5 (1 - 5) B | |
| | Intensive care | 2,5 (1 - 4) AB | |
| | Palliative care | 2,5 (1 - 4) AB | |
| | Pediatrics | 2,5 (2 - 3) AB | |
| | Physical therapy and rehabilitation | 2 (2 - 4) | |
| Number of nurses working at the service | 1-10 | 2,5 (1 - 5) AB | p= 0,031<br>$\chi^2$= 6,939 |
| | 11-20 | 2,5 (1 - 4) B | |
| | 21 and above | 2,8 (2 - 4) A | |
| | No | 2,8 (1 - 5) | |
| Thinking it is necessary to make a care plan | Yes | 2,5 (1 - 5) | p< 0,001<br>U= 2072 |
| | No | 3 (1 - 5) | |

A.O ± S.S: Arithmetic Mean ± Standard Deviation, χ2: Kruskal Wallis Test Statistics, U: Mann Whitney U test Statistic

## 4. Discussion

In this study, which was conducted to determine the perception of nursing diagnoses by nurses working in a state hospital, it can be said that nurses have a moderately positive perspective on the perception of nursing diagnoses in line with the score they received from the Nursing Diagnosis Perception Scale. It was determined that 45.9% of the nurses were undergraduate graduates, 90.0% worked as service nurses, 78.2% made care plans, 77.1% thought that they had sufficient knowledge about nursing diagnoses, 67.1% stated that it was necessary to make care plans, and 63.5% wanted to

receive training on nursing diagnoses. In line with the findings of the study, Seçer [15] reported that more than half of the nurses (51.2%) were undergraduate graduates, almost all of the nurses received training on the nursing process (97.5%) and used the nursing process while providing care (90.6%); Şahin and Khorshıd [18] reported that 41.1% of the nurses were undergraduate graduates and 87.5% of them worked as service nurses.

The mean score of the nurses in the Perception of Nursing Diagnoses Scale was 2.4 (1 - 5), the median score in the Definition and Introduction of the Nursing Profession subscale was 2 (1 - 5), the mean score in the Defining the Patient's Condition Clearly subscale was 2.8 ± 0.8, the median score in the Ease-of-Use subscale was 2.8 (1 - 5), and the median score in the Conceptual Direction subscale was 2.5 (1 - 5). Consistent with the findings of the study, in a study conducted on 56 nurses in a district state hospital, it was reported that the mean score of the Perception of Nursing Diagnoses Scale was 2.44±0.45, the mean score of the Definition and Introduction of the Nursing Profession subscale was 1.91±0.63, the mean score of the Defining the Patient's Condition Clearly subscale was 2.74±0.51, the mean score of the Ease of Use subscale was 2.82±0.51, and the mean score of the Conceptual Direction subscale was 2.55±0.58 [18]. Similarly, in a study conducted with the participation of 320 nurses working in a private group hospital in Istanbul, the mean score of the Perception of Nursing Diagnoses Scale was 2.68 ± 0.43, the mean score of the Definition and Introduction of the Nursing Profession subscale was 2.30 ± 0.64, the mean score of the Defining the Patient's Condition Clearly subscale was 2.71 ± 0.711, the mean score of the Ease of Use subscale was 2.98 ± 0.50, and the mean score of the Conceptual Direction subscale was 3.04 ± 0.48 [15]. Although the scores obtained by nurses from the Perception of Nursing Diagnoses Scale and its sub-dimensions differ according to the studies, it is thought that the education received by nurses and their characteristics related to the working environment may affect this situation.

In this study, results showed that the Perception of Nursing Diagnoses Scale and its sub-dimension scores differed according to some characteristics of the nurses' working life, and the total score of the Perception of Nursing Diagnoses Scale was higher in nurses who worked in obstetrics and delivery room services and did not think that it was necessary to make a care plan. It was determined that the nurses' sub-dimension score of Definition and Introduction of the Nursing Profession differed statistically significantly according to the service they worked in and the status of thinking that it was necessary to make a care plan; the sub-dimension score of Defining the Patient's Condition differed according to the family type and the total number of nurses working in the service; and the sub-dimension score of Conceptual Direction differed statistically significantly according to the service they worked in, the total number of nurses working in the service and the status of thinking that it was necessary to make a care plan.

In Köse and Çelik's [21] study, it was reported that nurses' thinking that the nursing process should be used while providing care affected the Perception of Nursing Diagnoses. Despite the findings of the study, Şahin and Khorshıd [18] found that the Perception of Nursing Diagnoses of nurses with bachelor's degrees and above was better than nurses with associate degrees and health vocational high school graduates; Olmaz and Karakurt [22] found that the knowledge of the nursing process of nurses with bachelor's degree and above positively affected the practice. This result may be due to the wide coverage of the nursing process, diagnoses, and patient care during theoretical and practical courses in nursing undergraduate curricula.

In line with the findings of this study, it is thought that organizing training activities such as in-service training and courses for nurses on the nursing process and nursing classification systems can increase their awareness and positively affect their perception of nursing diagnoses [21, 23,24].

## 5. Conclusion

In this study, results showed that nurses have a moderately positive perspective on perceiving nursing diagnoses. However, it was determined that the Perception of Nursing Diagnoses Scale and

sub-dimension scores differed according to some study characteristics of nurses. In line with the findings obtained, it is thought that analyzing the results of scientific studies examining the perception of nursing diagnoses by nurses and reflecting the results of the study to practice will increase the quality of patient care.

This study has some limitations. Since the study was conducted in a single hospital, the results cannot be generalized to all nurses. It is recommended to conduct comparative studies in which qualitative and quantitative research designs are used together.

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