

Clinical Judgement – An Essential Tool in the Nursing Profession

By Margot Phaneuf, R.N., Ph.D.
December 17, 2008

Nurses must deal with a broad range of issues related to the condition of each patient, including complications and improvements, as well as annotations to clinical records and communications with physicians. As such, the nurse's judgement is at the heart of care delivery. Judgement guides action and decisions, not only of the nurse, but also of physicians and other care providers. It is therefore essential for the nurse to have observational and reasoning skills in order to make sound, reliable clinical judgements.

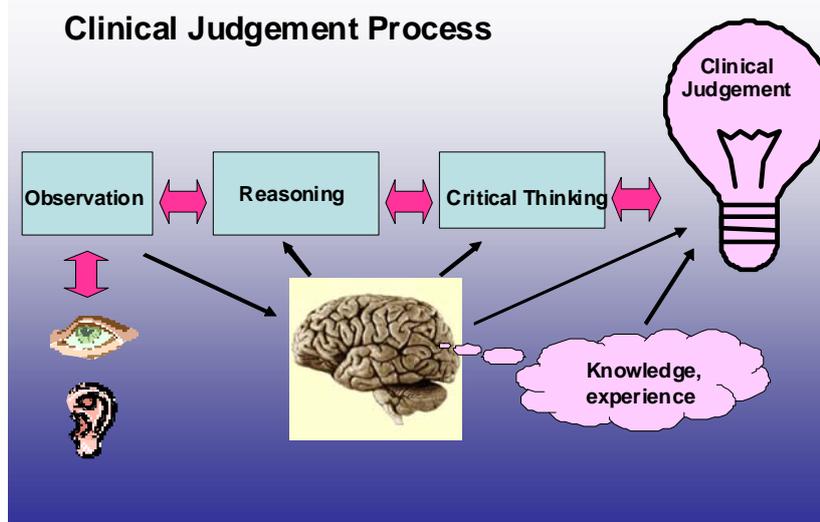
Clinical judgement is the conclusion or enlightened opinion at which a nurse arrives following a process of observation, reflexion and analysis of observable or available information or data.

Definition

It is difficult to come up with a unanimous definition for clinical judgement, a concept which is critical to the nursing profession as a result of its outcomes. Many authors have come up with thoughtful definitions. Nonetheless, the topic is complex, so humility and simplicity are required to grasp this concept.

Le Grand Robert, a French dictionary, defines judgement as *having an idea, a clear opinion following a period of reflexion* whereas the term *clinical* indicates that it is *related to the patient*.¹ A difficult task for nurses is making a clinical judgement. It requires both intellectual and professional maturity. In particular, it requires the ability to pay attention, to reason and to summarize in order to achieve logical deduction.

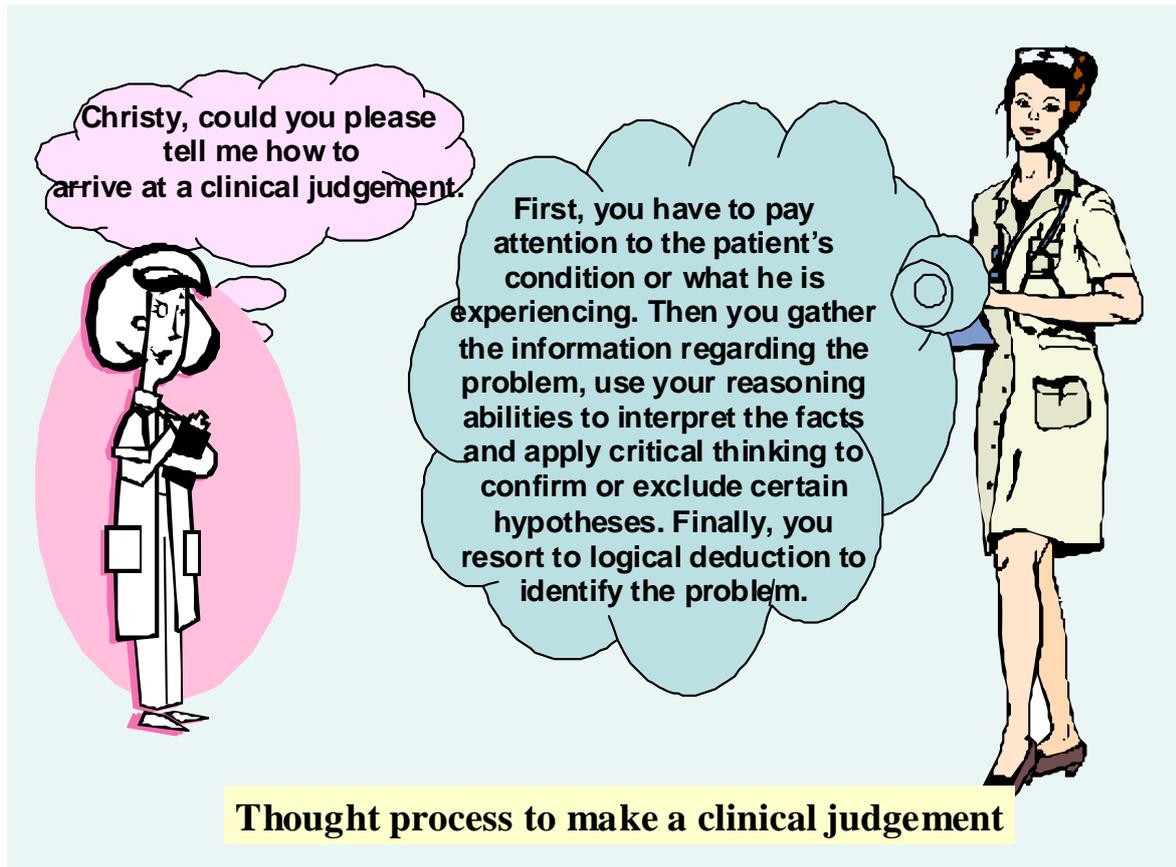
Clinical judgement is complex because the nurse is required to have prior training in order to develop further understanding of the subject. It depends on her ability to observe, to identify relevant information, to identify the relationships among given elements and to



¹ Marjory Gordon. *Diagnostic infirmier : méthodes et applications* (Paris: Medsi, 1996) 16-17.

reason. Clinical judgement in itself encompasses a cycle of sensory activities which begins with perceptions and which is followed by cognitive functions associated with the intellectual processing of information through the mental operations of reasoning and judgement.

Beyond observation, clinical judgement allows the nurse to associate pieces of information, to review them, to establish relationships with known facts, and to analyze and interpret the data at hand from both a critical and rational perspective. Using clinical judgement allows the nurse to identify, associate and interpret the signs or symptoms of a given condition.



For example, in the presence of a senior whose lips and skin are dry, who eats few proteins, who is bedridden and who moves little, a nurse will recognize that the individual is at risk of developing bedsores. The nurse will subsequently implement the required preventive measures.

If each piece of information is considered and assessed individually, the nurse will fail to reach this conclusion. The elements must be observed, identified and grouped together logically. Their combined effects must be considered as a whole and in a manner which is relevant. This perspective is what allows the nurse to make decisions and to deliver adapted care.

Clinical judgement as a tool for professionals

A professional is an individual who has specific knowledge of a subject which allows him to be accountable and to manage serious human matters. The professional must be able to understand the problems at hand. He must have a clear understanding of their elements and effects in order to come up with appropriate solutions. The professional must possess a blend

of sensory and intellectual abilities to make clinical judgement. She needs to understand the mechanisms and the significance of the case at hand.

Lipman says that professionalism and clinical judgement are closely related and practically synonymous.² It is almost impossible to imagine a health care professional practicing without being capable of exercising this kind of judgement. Such an individual would quickly be deemed incompetent and unfit for working with patients and dealing with their problems. As for all health care professionals, clinical judgement is also essential in nursing.

Clinical judgement is not limited to identifying a problem; it also involves seeking a broad range of possibilities. According to Clémence and Martine Dallaire, clinical judgement “enables the individual to recognize the aspects of a given situation, to foresee possible interventions to stabilize the condition of a patient, to articulate the nursing perspective for all situations which require care delivery, to determine which areas leave room realistically for personal improvement and development, and to make elaborate qualitative distinctions in critical areas of the profession.”³

In a press release accompanying the November/December edition of the *Journal*, the Ordre des infirmières et infirmiers du Québec (O.I.I.Q.) is stated the need undertake skills and professional judgement assessments in the professional examinations (ECOS). It is mentioned that “Clinical judgement is required in care delivery. Judgement makes it possible to simultaneously apply knowledge, skills and attitudes to solve clinical problems in a specific context.” The release also stated that passing such an exam would constitute “a good indicator of the clinical judgement expected of newly trained nurses.”⁴ Therefore, it can be said that the O.I.I.Q. has a regard for clinical judgement.

Variations in abilities to reach a sound clinical judgement

The speed and ability of nurses to make a sound clinical judgement is affected by their experience. Newly trained nurses may find this process long and difficult whereas the experienced nurse may be faster and rely on her intuition.^{5 6}

A concept that is difficult to put into practice

The concept of clinical judgement is difficult to put into practice. Perhaps this partly explains why nurses experience difficulty mastering this essential skill. Another obstacle is the lack of importance granted to clinical judgement in certain forms of training as well as in certain departments in which technological and administrative skills are emphasized. The intellectual elements are thus often superseded by the more technical aspects of the profession.

That being said, cognitive functions are highly needed to develop essential skills and knowledge in nursing. These types of knowledge are: 1. **empirical** - stemming from data perceived by the senses; 2. **conceptual** – arising from associating these observations; 3.

² Lipman, M. *À l'école de la pensée : enseigner une pensée holistique* (Bruxelles: De Boeck, 2006) 276.

³ Freely translated from Clémence Dallaire et Martine Dallaire. *Le savoir infirmier au cœur de la discipline et de la profession* (Montréal: Gaëtan Morin, 2008) 279.

⁴ O.I.I.Q. "Évaluer connaissances et jugement clinique" *Le Journal*, 6 (2), November/December 2008.

⁵ Patricia Benner. *De novice à expert : excellence en soins infirmiers* (Paris: InterEditions, 2005).

⁶ Claire-Andrée Leclerc. "Sur le chemin de l'expertise."

http://www.infiressources.ca/fer/depotdocuments/Sur_le_chemin_de_l_expertise.pdf . Accessed January 5, 2008.

rational - developed by applying thought to data; and 4. *decision-making* – used to make responsible decisions.^{7 8}

The Evolution of the Nurse from Novice to Expert

- Stage 1: *novice*. Little or limited knowledge and experience; adheres to principles and rules; rigid or limited interventions. Clinical judgement is analytical and requires effort.
- Stage 2: *beginner*. Possesses a certain level of knowledge and experience which allows her to recognize the relevant aspects of a situation. Clinical judgement is analytical and guided by principles in a register of leads which is greater than that of the novice.
- Stage 3: *competent*. Nurse possesses two to three years of experience. Clinical judgement is faster, interventions are effective and planning is made in a long-term perspective. Nurse consciously and deliberately takes actions in anticipation of unforeseen events. Register of leads is even greater.
- Stage 4: *proficient*. Able to modify her actions to face unanticipated events. Knowledge can be transferred and applied in new circumstances. The overall judgement process is faster and requires less effort. Identifies priorities logically.
- Stage 5: *expert*. After 5 years of experience. Less analytical in approach; greater ability to summarize; greater intuition; faster and more self-confident in judgement. Capable of transferring knowledge while sticking to what is essential. Nurse is less constrained by codified nursing rules and regulations. Is creative in solving problems, in facing emergencies and in dealing with complex situations

Source: Benner, 1995 (pp. 23-35).

Nursing is not limited to *taking immediate action*. The human component of the profession requires nurses to acquire fundamental knowledge and to be able to reflect, to make decisions, to foresee required interventions according to the needs and challenges faced by the patient, to engage in long-term planning, and to prevent potential complications. Sensory and observational skills as well as the intellectual skills of reflection, reasoning and critical thinking allow the nurse to exercise genuine clinical judgement.

Adequate training

The development of sound clinical judgement is an essential part of training. It requires that close attention be paid to offering adequate training based on judicious patient observation and the meticulous analysis of relevant data. The next stage involves the detailed analysis of the elements observed. Relationships concerning the subject are established by

Essential Knowledge in Nursing

Knowledge:

- **Empirical:** stems from data perceived by the senses ;
- **Conceptual:** arises by associating this data;
- **Rational:** developed by applying thought to data;
- **Decision-making:** used to make responsible decisions.

⁷ L.E. Palkiewicz "Développement de la pensée et de l'action responsable dans une perspective d'acquisition de compétences au collégial." *AQPC, Actes du 10^e colloque annuel* (1990).

⁸ . Kataoka-Yahiro & Saylor. "A Critical Model for Nursing Judgement." *Journal of Nursing Education*, 33(8): 351-356.

Simulation and learning exercises should complete the training. The student should analyze a problem within its bio-psychosocial and spiritual sphere before making a clinical judgement. The lesson is completed during internships with live patients and in real-life situations. This requires that an experienced nurse accompany the student to determine the relevance of her clinical judgement.

The need to avoid confusion

Clinical judgement is an essential tool which allows nurses to exercise their role in the health care environment in a professional manner. The term clinical judgement needs to be clarified in order to avoid confusion.⁹

Clinical judgement is much more than mere observation. It is also much more than the *assessment findings* required by the nursing therapeutic plan.

There are many ways to interpret the term *assessment findings*. In French, *évaluer*, as defined by the *Grand Robert*, is to “place a value on something or someone or to judge approximately.” This is not quite the clinical judgement context with its accompanying sensory and conceptual stages. The term *assessment findings* is not mentioned as an element of clinical judgement. As the documents which explain the mechanisms of the therapeutic nursing plan do not refer to any model, theory or author, we are forced to make a lexical interpretation. As the first section of the nursing therapeutic plan requires the nurse to write down her assessment findings, it is important to make a distinction between this concept and clinical judgement.¹⁰

A necessary distinction

It is important to note that the nursing therapeutic plan form in its simplicity cannot reflect the overall thought process of the nurse and its intricacies. The therapeutic nursing plan is intended to leave a legal footprint of the intervention made by care providers. It is a step forward in the profession. This requirement makes the leadership role of the nurse official within the basic team administering care. It allows her to delegate certain tasks to the nursing assistants and to the beneficiary attendants. Furthermore, this legal recognition enhances the role of the nurse and guarantees that her interventions will be filed and stored instead of being eliminated.¹¹

The nursing therapeutic plan, undoubtedly

Characteristicss of a Profession

Some characteristics of a profession include:

- **A complex and organized activity;**
- **A long-term training program focusing on the delivery of exclusive knowledge;**
- **Offering an essential service to society;**
- **A certain level of autonomy to take action;**
- **An order which governs its members.**

Source: Adapted from O.Goulet (1999) 135-

⁹ O.I.I.Q. *À la découverte du PTI*. Form available from:

<http://www.oiiq.org/infirmieres/plan/formation/index.html>. Accessed on Jan. 5, 2009.

¹⁰ Phaneuf, Margot. *Bill 90 and the therapeutic nursing plan*. Infirmresources :

http://www.infirmresources.ca/fer/Depotdocument_anglais/Bill_90_and_the_therapeutic_nursing_plan.pdf

¹¹ Phaneuf, Margot (2008). Changes in our profession: an upgrading or downgrading of our role

<http://www.infirmresources.ca/MyScriptorAdmin/scripto.asp?resultat=710228>

because of the need of simplification, obliges us to consider our action in a narrower and simpler view. It brings us once more to the level of interpretation. The nursing therapeutic plan is an important professional document. The nurse needs to consider its advantages and seek ways to overcome difficulties encountered in order to abide by the recognized principles and values of the nursing profession in a fair and just manner.

What should this term be compared with?

Faced with a new context, it is customary to seek to compare elements and points of reference to enhance our understanding. If the *assessment findings* do not necessarily constitute a clinical judgement, to what exactly are they similar? This question is difficult to answer. Many of the terms suggested for use resemble raw data and lack sustained intellectual processing. Other terms take on a different form. For example, “redness on the left heel” is just a piece of datum provided in the interactive training document of the OIIQ.¹²

Other elements registered in the therapeutic nursing plan resemble a clinical judgement as expressed in the nursing diagnosis. For example, “chronic pain related to mobilisation” is also mentioned in the O.I.I.Q. document. What needs to be considered or favoured?

Raw data alone do not *reveal* on their own the causes or details of a problem. Only after all of the information available is gathered, analyzed and subjected to reasoning and critical thinking can a clinical judgement be made and responsible nursing directives developed. In order to get a better grasp of clinical judgement, it would be worth getting a grasp of the underlying logic of the nursing therapeutic plan.

A significant difference

Where we are the furthest from the clinical judgement is in the standard therapeutic plan where *The reason for the hospitalization, housing, ambulatory or home follow-up* is listed as the *minimal information* requirement of the nursing therapeutic plan. As such, this requirement becomes either the priority or the problem for the patient. In the example provided by the O.I.I.Q., the hip prosthesis or any other medical diagnosis becomes the priority. And so, the human who wears it is overshadowed by the device or the disease.¹³

This *minimal information* requirement presented in the O.I.I.Q. video is surprising.¹⁴ Over the past few decades, many thinkers from Quebec and elsewhere in the world have striven to make a distinction between the nursing and medical professions in order to give nurses relative conceptual autonomy. There is also a great need for educators to make a logical justification. Over the past few generations, they have been striving to get students to grasp the difference between the two professions.¹⁵

Clinical judgement is an essential path to acquiring the reflective ability and knowledge to understand the condition and needs of the patient.

¹² O.I.I.Q. "À la découverte du PTI." Form available from: <http://www.oiiq.org/infirmieres/plan/formation/index.html>. Accessed on Jan. 5, 2009.

¹³ Olive Goulet. "L'Autonomie professionnelle et la pratique infirmière." *Soins infirmiers et société* (Boucherville: Gaëtan Morin Éditeur, 1999) 135-150.

¹⁴ O.I.I.Q. "À la découverte du PTI." <http://www.oiiq.org/infirmieres/plan/formation/index.html>. Accessed Jan. 5, 2009.

¹⁵ Clémence Dallaire et Martine Dallaire. *Le savoir infirmier au cœur de la discipline et de la profession* (Montréal: Gaëtan Morin, 2008) 279.

An unfortunate omission

It would be a shame for clinical judgement to be put into question by the mere fact that it is not required in the nursing therapeutic plan. No profession can avoid evolving. The nursing profession is in line with this modern-day trend. It is still unknown what course the profession will take. Hopefully, clinical judgement will remain relevant for training future nurses regardless of the trends which will eventually emerge in the profession. In their book, *Le savoir infirmier au cœur de la discipline et de la profession* (nursing know-how at the heart of the discipline and profession), Clémence and Martine Dallaire state that clinical judgement is a condition “to provide nursing care inspired by knowledge available.”^{16 17}

Are there any deeper repercussions ?

A loss of clinical judgement would be prejudicial to the nursing profession. Without pressing on the *panic button*, it is possible to suggest that any slide towards medicine risks weakening the status of the nursing profession. That is because professional autonomy is one of the characteristics of a *profession*. Sociologically, nursing is attributed a semi-professional status even if it is recognized as a full profession by the Quebec health network. This attitude remains in spite of higher aspirations realized by a better definition of nursing paradigms, of higher training available to nurses, of the attribution of program manager roles, and of the advent of super nurses and specialists. Replacing clinical judgement with *minimal inscription* in the nursing therapeutic plan fails to enhance the autonomy and professional status of nurses.

If clinical judgement were to disappear, it would be a loss to our profession. A concern would be that the nursing profession would become a “*small-hands*” activity for physicians and an underpaid medical accessory.¹⁸ Depriving nurses of clinical judgement goes counter to the theoretical developments achieved over the years across the globe and which have given a halo of respectability to the profession.

Other useful specifications

It should be specified that clinical judgement is not linked to any particular language. It is a conclusion reached after studying a set of data in a specific context and which can easily be expressed in individual terms. It is practical to associate this interpretation with a language that is known and widely understood in the various environments. There are many taxonomies in nursing. They are merely classifications. Clinical judgement is synonymous with none of them.^{19 20}

¹⁶ Karine Labarre and Clémence Dallaire. *Le savoir infirmier au cœur de la discipline et de la profession* (Montréal : Gaëtan Morin, 2008) 343.

¹⁷ Olive Goulet. "Une pratique infirmière autonome : un projet ambitieux." *Les soins infirmiers : vers de nouvelles perspectives* (Boucherville: Gaëtan Morin Éditeur, 2002) 167-173.

¹⁸ In essence, what is meant is underpaid, under-recognized labour.

¹⁹ The Nursing Information and Data Set Evaluation Center (NIDSEC) recognizes 13 different classifications for nursing diagnoses, including Omaha, Critical Care Classification (CCC), and Peri-operative Nursing Data Set (PNDS).

²⁰ American Nurses Association (ANA) 1997. *Standards and Scoring Guidelines* (Washington: American Nurses Publishing, 1997).

NANDA International developed what is perhaps the most widely known and used taxonomy in nursing. This logical language makes it possible to articulate nursing interventions around the problems faced by the patient. It covers the physical, psychological, social and spiritual elements with which nurses have to deal.

Whether using NANDA or any other language, clinical judgement expressed in codified terms that are nonetheless understandable to all remains a method to give visibility and credibility to our important profession.

Conclusion

This document is not intended to be negative or to sound the alarm bells. It simply calls for a reflection of the reality of nursing. The goal is to observe the profession realistically and to analyze it in order to identify its positive aspects while trying to avoid certain excesses. Since immemorial time, nurses have interpreted the condition of their patients; as such, they have been making clinical judgements. Nurses did not necessarily use sophisticated terminology at all times, but whatever they did say guided their actions. It would be a shame to abandon clinical judgement, an essential element in the profession.

As such, as the guardians of values and principles, it is the role of teachers and educators to continue to convey the merits of clinical judgement. Their influence may preserve its use in departments and allow nurses to continue making long-term plans, to overcome the present, to think of prevention. Beyond the technical aspects, it may help nurses develop interventions which are within the scope of their profession. Perhaps nurses remain unaware of the value of clinical judgement, but it is “often the threat of losing something which makes one appreciate its value.”²¹

REFERENCES

- American Nurse Association (ANA) 1997. (NIDSEC) **Standards and scoring Guidelines**. Washington, American Nurses Publishing.
- Benner, Patricia (1995). *De novice à expert : excellence en soins infirmiers*. Paris, InterEditions
- Gordon, Marjory (1991). *Diagnostic infirmier : méthodes et applications*. Paris, Medsi, p. 16-17
- Dallaire, Clémence et Martine Dallaire (2008). *Le savoir infirmier au cœur de la discipline et de la profession*. Montréal, Gaëtan Morin, chap. 11, p. 279.
- Goulet, Olive (1999). *L'autonomie professionnelle et la pratique infirmière*. Dans O. Goulet et C. Dallaire, *Soins infirmiers et société*, Boucherville, Gaëtan Morin Éditeur, p. 135-150.
- Goulet, Olive (2002). *Une pratique infirmière autonome : un projet ambitieux*. Dans O. Goulet et C. Dallaire, *Les soins infirmiers, vers de nouvelles perspectives*, Montréal, Gaëtan Morin, p. 163-173.
- Kataoka-Yahiro & Saylor (1994). *A critical model for nursing judgement*. *Journal of Nursing education*, 33(8), 351-356
- Labarre, Karine et Clémence Dallaire (2008). *Le savoir infirmier au cœur de la discipline et de la profession*. Montréal, Gaëtan Morin, chap. 13, p. 343.

²¹ Freely translated from Arthur Schopenhauer. *Aphorismes sur la sagesse dans la vie*.

- Leclerc, Claire-Andrée. (1991, révisé en 2007). *Sur le chemin de l'expertise*.
http://www.infiressources.ca/fer/depotdocuments/Sur_le_chemin_de_l_expertise.pdf
- Lipman, M. (2006). *À l'école de la pensée : enseigner une pensée holistique*. Bruxelles : De Boeck, p. 276.
- OIIQ, Le Journal, novembre/décembre 1998, Volume 6 Numéro 2, *Évaluer connaissances et jugement clinique*.
- OIIQ (2008). *À la découverte du PTI*. Formulaire :
<http://www.oiiq.org/infirmieres/plan/formation/index.html>, p.6.
- OIIQ. *À la découverte du PTI* (2008). formation interactive.
<http://www.oiiq.org/infirmieres/plan/formation/index.html>, p. 22 et 51.
- Palkiewicz, L.E. (1990). *Développement de la pensée et de l'action responsable dans une perspective d'acquisition de compétences au collégial*. AQPC, Actes du 10^e colloque annuel.
- Phaneuf, Margot. *Bill 90 and the therapeutic nursing plan*. Infiressources :
http://www.infiressources.ca/fer/Depotdocument_anglais/Bill_90_and_the_therapeutic_nursing_plan.pdf
- Phaneuf, Margot (2008). *Changes in our profession: an upgrading or downgrading of our role* <http://www.infiressources.ca/MyScriptorAdmin/scripto.asp?resultat=710228>
- Schopenhauer, Arthur. **Extrait des Aphorismes sur la sagesse dans la vie.**