

## Nursing Diagnosis and Clinical Implication for Selected Chronic Conditions

Mayo Medical Foundation

Marlene Hanson Frost, PhD, RN

A number of factors have been identified as influencing adjustment to chronic conditions. However, it is sometimes difficult to know which factors have significance for clinical practice. Data from a synthesis of the stress and coping nursing literature and our ongoing research in the area of adjustment to chronic conditions (Frost et al., 1996) will be used as a basis for discussing nursing diagnoses relevant to individuals' adjustment to chronic conditions and implications for nursing research. The synthesis of the stress and coping nursing literature is a result of an endeavor undertaken by the Midwest Nursing Research Society stress and coping subsection to synthesize the literature between 1980 and 1990. The purpose of this endeavor was to identify the state of the stress and coping knowledge base and to make recommendations for clinical practice and research. The conclusion by the authors of various components of the stress and coping synthesis was that while there are beginning implications for clinical practice, much research is needed to clearly delineate the interplay of factors that influence adjustment (Barnfather & Lyon, 1993).

The research study which will be discussed was designed to explore factors which influenced psychosocial adjustment of adults to a variety of chronic conditions including: arthritis, cancer, cardiomyopathy, diabetes and multiple sclerosis. While this is a three

year longitudinal study, the data is available across all five chronic conditions on only year one data. Thus, the data presented here is based on the first year findings. Findings from the synthesis of the stress and coping nursing literature and our ongoing research will be presented followed by questions this data raises for nursing research and nursing diagnoses relevant to these findings.

### Synthesis of the Stress and Coping Literature

In a review of the stress and coping literature, Frost (1993) found the physical aspects of a condition to be the most frequently identified stress, being reported in 27 of the 30 studies in which specific stressors were reported. Chronic conditions was the focus of 20 of the 27 studies. Physical aspects included overall health, symptoms or physical sensations (Frost, 1993).

Other factors identified as significant stressors included threats of loss (Werner, 1993), treatment variables and uncertainty (Frost, 1993). Mixed findings were found in relation to financial concerns which were a high area of concern in 7 studies and a low area of concern in 2 studies.

This data raised the research question of what is it about the physical aspects of a condition or a treatment protocol that is

stressful to an individual? Is it the mere existence of a symptom, physical alteration or treatment protocol that is stressful or is it the impact that the symptom or physical alteration has on ability to conduct activities of daily life that is most stressful? Answers to these questions will provide direction for clinical practice.

Secondly, this data raises the research questions of what specific threats of loss are more or less concerning to individuals and under what circumstances are these threats of loss the most concerning. Additionally, when are the threats of loss motivators to appropriate action and when are they inhibitors to appropriate action?

While life events research has theoretically been downplayed with the increasing emphasis on cognitive appraisal of situations being important in the interpretation of the significance of any given life event, Frost (1993) found that data supported further exploration of the potential influence that life events have on health outcomes. In 8 of the 12 studies examining life events, 8 studies demonstrated a significant relationship between life events and health outcomes. However, in four studies in which both direct and indirect effects of life events were explored, outcomes related to family functioning and health status were often indirect through variable such as mastery, self-esteem, perceived social support, depression and mate relationships (Frost, 1993). Thus, life events may play an indirect role when measuring health outcomes.

Similarly, the concept of daily hassles was found to be significantly correlated with health outcomes in all 4 studies identified in the literature (Frost, 1993). This finding is

in agreement with the assertions of DeLongis, Coyne, Dakof, Folkman, and Lazarus (1982) and Kanner, Coyne, Schaefer, and Lazarus (1981) that daily hassles, while less dramatic, are more important than life events in adaptation and health. The research question that this data raised is whether more daily hassles are perceived when individuals are stressed by another situation or if daily hassles have an effect on health outcomes. The use of simple correlations, as in the case of the reviewed studies, do not answer these cause and effect questions.

### Research Study

In our ongoing research, three factors were found to be predictive of psychosocial adjustment across at least four of the five disease entities. These included a cognitive appraisal of the situation as either more negative or less positive, a decrease availability of some aspect of social support and an increased number symptoms. All of these were associated with less effective adjustment. Additional factors which did not enter into the regression statement but were found to be significant factors influencing adjustment across at least 4 of the 5 disease entities on single variable analyses included: specific cognitive appraisals and coping mechanisms. Included among the specific cognitive appraisals that were found to differentiate between individuals more effectively and less effectively adjusting included individuals in the less effectively adjusting group experiencing the situation as more stressful and reporting a stronger impact of the disease on their life and family than individuals in the more effectively adjusting group. The coping mechanism of don't dwell on it, think about it or talk about it was used more by individuals in the more effectively adjusting

group than individuals in the less effectively adjusting group.

### Summary of Literature Synthesis and Research Findings

To summarize the following factors were identified significant in the synthesis of the stress and coping nursing literature and/or the identified research study: cognitive appraisal of the situation as either more negative or less positive which includes the appraisal of the threat of loss; a decreased availability of some aspect of social support; physical and treatment aspects including overall health, symptoms or health sensations; a sense of uncertainty; and the existence of increased life events and/or daily hassles. These can be represented by various nursing diagnoses.

### Nursing Diagnoses

Nursing diagnosis is a classification system designed to conceptualize human responses to actual or potential health problems (American Nurses Association, 1995). Nursing diagnoses are designed to facilitate communication among health care professionals and the care recipient as well as to provide initial direction in the choice of treatments and evaluation of outcomes (American Nurses Association, 1995). Nursing diagnoses are written with the first part of the diagnostic statement identifying the client's response to health or illness. Nursing diagnoses are further delineated in terms of related factors. Thus, a relationship is set up between the factor identified and the actual or potential health problems which represent the clients' response. The factors identified in the synthesis of the literature and the chronic conditions research are in most cases related factors that contribute to the identified diagnosis or patient's

response. The following outlines the specific factors found in the synthesis of the stress and coping literature as well as in Frost et al.'s (1996) research and the associated nursing diagnosis.

The first group of factors identified in the synthesis of the stress and coping literature and in Frost et al.'s (1996) research includes: cognitive appraisal of the situation as either more negative or less positive, stressful, representing a loss, portraying uncertainty or as producing a strong impact on their lives. These are related factors for the following diagnoses.

**Anxiety** – “a state in which the individual/group experiences feeling of uneasiness (apprehension) and activation of the autonomic nervous system in response to a vague nonspecific threat” (Carpenito, p. 127).

**Fear** – “a state in which the individual or group experiences a feelings of physiological or emotional disruption related to an identifiable source that is perceived as dangerous” (Carpenito, p. 387).

**Grieving** – an overall category with the nursing diagnoses of grieving, anticipatory grieving, or dysfunctional grieving – “a state in which an individual or family experiences a natural human response involving psychosocial and physiological reactions to an actual or perceived loss (person, object, function, status, relationship)” (Carpenito, p. 410). Grieving may be anticipatory or dysfunctional when an individual is engaged in unresolved grief.

**Powerlessness** – “the state in which an individual or group perceives a lack of personal control over certain events or situations which impacts outlook, goals,

and lifestyle" (Carpenito, p. 691).

**Hopelessness** – "a sustained subjective emotional state in which an individual sees no alternatives or personal choices available to solve problems or to achieve what is desired and cannot mobilize energy on own behalf to establish goals" (Carpenito, p. 479).

The second group of factors identified in the synthesis of the stress and coping literature and in Frost et al.'s research (1996) was represented by a decreased availability of some aspect of social support. This is a related factor for the following diagnoses.

**Social interaction, impaired** – "the state in which an individual experiences or is at risk of experiencing negative, insufficient, or unsatisfactory responses from interactions" (Carpenito, p. 874).

**Compromised family coping** – "that state in which a usually supportive primary person (family member or close friend) is providing insufficient, ineffective, or compromised support, comfort, assistance, or encouragement that may be needed by the client to manage or master adaptive tasks related to his or her health challenge" (Carpenito, p. 309).

**Family processes, altered** – "the state in which a normally supportive family experiences, or is at risk to experience, a stressor that challenges its previously effective functioning" (Carpenito, p. 360).

**Caregiver role strain or risk for caregiver role strain** – "a state in which an individual is experiencing physical, emotional, social and/or financial burden(s) in the process of caregiving to another" (Carpenito, p. 190).

The third group of factors identified in

the synthesis of the stress and coping literature and in Frost et al.'s (1996) research was represented by an increased number of symptoms. This is a related factor for the following diagnoses.

**Mobility, impaired physical** – "a state in which an individual experiences or is at risk of experiencing limitation of physical movement but is not immobile" (Carpenito, p. 590).

Physiological diagnoses related to specific disease processes.

The following diagnoses represent all of the aforementioned factors in addition to financial resources, life events, daily hassles and treatment variables. These are related factors for the following diagnoses.

**Adjustment, impaired**: "the state in which an individual is unable to modify his or her lifestyle/behavior in a manner consistent with a change in health status" (Carpenito, p. 126).

**Coping, ineffective individual** – "a state in which an individual experiences, or is at high risk to experience, an inability to manage internal or environmental stressors adequately due to inadequate resources (physical, psychological, behavioral, and/or cognitive)" (Carpenito, p. 271).

## Summary

The nursing diagnoses reviewed are not inclusive of all diagnoses that may be significant to individuals with chronic conditions. Rather they are some of the prime diagnoses that may be represented in the population of individuals with chronic conditions. While implications for practice do exist, the review of data reveals that research must continue to more clearly explore the interplay of

## Nursing Diagnoses and Clinical Implications for Select Chronic Conditions

factors that influence psychosocial adjustment.

### References

- American Nurses Association (1995). *Nursing: A social policy statement*. Washington DC: American Nurses Association.
- Barnfather, J.S. Lyon, B.L. (1993). *Stress and coping: State of the science and implications for nursing theory, research and practice*. Indianapolis: Sigma Theta Tau International.
- Carpenito, L.J. (1995). *Nursing diagnosis: Application to clinical practice* (6th Ed.). Philadelphia: Lippincott.
- DeLongis, A., Coyne, J.C., Dakof, G., Folkman, S. Lazarus, R.S. (1982). Relationship of daily hassles, uplifts, and major life events to health status. *Health Psychology*, 1, 119-136.
- Frost, M.H. (1993). Commentary on stressors and health outcomes: Implications for nursing research, theory, practice and policy agendas. In J.S. Barnfather and B.L. Lyons (Eds.), *Stress and coping: State of the science and implications for nursing theory, research and practice* (pp. 43-64). Indianapolis, IN: Sigma Theta Tau.
- Frost, M.H. et al. (1996). Psychosocial adjustment to chronic conditions. Ongoing research project.
- Kanner, A.D., Coyne, J.C., Schaefer, C. Lazarus, R.S. (1981). Comparisons of two modes of stress measurement: Daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine*, 4, 1-39.
- Werner, J.S. (1993). Stressors and health outcomes: Synthesis of nursing research, 1980-1990. In J.S. Barnfather and B.L. Lyons (Eds.), *Stress and coping: State of the science and implications for nursing theory, research and practice* (pp. 11-42). Indianapolis, IN: Sigma Theta Tau.