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REFLECTION

CLINICAL REASONING AND THE NURSING PROCESS: REFLECTIONS ON SCOPE AND INTERFACES*

*RACIOCÍNIO CLÍNICO E PROCESSO DE ENFERMAGEM: REFLEXÕES SOBRE ABRANGÊNCIA E INTERFACES**

*RACIOCINIO CLÍNICO Y PROCESO DE ENFERMERÍA: REFLEXIONES SOBRE ALCANCE E INTERFACES**

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ABSTRACT

This report aims at reflecting on the scope of the concept of expanded Clinical Reasoning and the interfaces of that process and those of the Nursing Process, within the context of clinical practice. The objective is to encourage discussion so as to see Clinical Reasoning as not simply determining and labeling the condition of the person being cared for and the respective therapeutic recommendation to solve, minimize or adjust it to the current situation, which are the most common approaches in nursing education. To this end, the cognitive processes that constitute Clinical Reasoning are presented, namely diagnostic reasoning, in an expanded view, and management reasoning, including the choice and implementation of therapy, monitoring and assessment, thus requiring knowledge acquisition, problem-solving skills and metacognition. The aim is also to contribute to understanding the interfaces between this view of Clinical Reasoning and that of the Nursing Process, according to COFEN Resolution No° 736, published recently in 2024. The concluding remarks present the contribution to the nursing profession from such an expanded view of these two processes, which are considered here to be interchangeable and inseparable.

Keywords: Clinical Reasoning; Nursing Diagnosis; Nursing Process; Clinical Decision-Making.

RESUMO

O objetivo do presente relato é trazer à reflexão, no âmbito da prática clínica, a abrangência do conceito de Raciocínio Clínico ampliado e as interfaces desse processo e as do Processo de Enfermagem. Busca-se fomentar a discussão para se olhar o raciocínio clínico para além da determinação e rotulação do problema do sujeito receptor de cuidado e da respectiva indicação terapêutica para solucioná-lo, minimizá-lo ou ajustá-lo frente à situação presente, abordagens estas mais usuais no âmbito do ensino em Enfermagem. Apresentam-se, para tal, os processos cognitivos que compõem o Raciocínio Clínico, nomeadamente o raciocínio diagnóstico, em uma visão ampliada, e o raciocínio de gestão, incluindo a escolha e implementação da terapêutica, monitoramento e a avaliação, requerendo assim a aquisição de conhecimentos, a capacidade de resolução e a metacognição. Ainda, busca-se contribuir para a compreensão das interfaces dessa visão do Raciocínio Clínico com a do Processo de Enfermagem, segundo a Resolução COFEN n° 736 de 2024, recentemente divulgada. Apresenta-se, à guisa de considerações finais, a contribuição à profissão dessa visão ampliada desses dois processos, aqui considerados intercambiáveis e indissociáveis.

***Palavras-chave:** Raciocínio Clínico; Diagnóstico de Enfermagem; Processo de Enfermagem; Tomada de Decisão Clínica.*

RESUMEN

El objetivo de este informe es llevar a la reflexión, en el ámbito de la práctica clínica, la amplitud del concepto de Razonamiento Clínico ampliado y las interfaces de este proceso con el Proceso de Enfermería. Se busca fomentar la discusión para mirar el razonamiento clínico más allá de la determinación y etiquetado del problema del sujeto receptor del cuidado y la respectiva indicación terapéutica para solucionarlo, minimizarlo o ajustarlo frente a la situación presente, enfoques estos más habituales en el ámbito de la enseñanza en Enfermería. Para ello, se presentan los procesos cognitivos que componen el Razonamiento Clínico, a saber, el razonamiento diagnóstico, en una visión ampliada, y el razonamiento de gestión, incluyendo la elección e implementación de la terapéutica, el monitoreo y la evaluación, requiriendo así la adquisición de conocimientos, la capacidad de resolución y la metacognición. Además, se busca contribuir a la comprensión de las interfaces de esta visión del Razonamiento Clínico con la del Proceso de Enfermería, según la Resolución COFEN nº 736 de 2024, recientemente divulgada. Se presenta, a modo de consideraciones finales, la contribución a la profesión de esta visión ampliada de estos dos procesos, aquí considerados intercambiables e inseparables.

***Palabras clave:** Razonamiento Clínico; Diagnóstico de Enfermería; Proceso de Enfermería; Toma de Decisiones Clínicas.*

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INTRODUCTION

One of the main focuses of nursing practice is to provide quality care. Some factors interfere with achieving that goal, such as the nursing professional's personal (skills, emotional or physical states) and work conditions, physical conditions, cultural contexts, beliefs and knowledge of the person being cared for, adverse or uncertain conditions (clinical instability, inappropriate professional-client interaction, equipment and clinical assessment devices in inappropriate situations), the need for urgent decision-making, institutional policies (practice model, scope and structure of the Standardized Language Systems (SLS), costs, flows) and the current health system, among others[1].

The literature highlights the professional's competence (knowledge and skills) in performing Clinical Reasoning as one of the main factors determining care quality, especially as it is a complex process. It is known that care quality depends on the accuracy of Clinical Reasoning, given that biased or uncertain diagnostic or therapeutic decisions are responsible for a significant proportion of adverse health events[2].

The first expressions of the study on Clinical Reasoning in Nursing date back to the 1950s, although its relevance has been more expressive since the 2000s, focused on diagnostic reasoning and, later, on the selection of actions necessary to provide care and achieve the health outcomes for which nurses are responsible[3].

It has also been the subject of research in the education field. A wide-ranging review sought to identify models and strategies for teaching Clinical Reasoning, as well as instruments for measuring the development of that process, despite the difficulty in measuring the results of interest. The review points out that the studies showing a statistically significant increase employed active learning strategies, especially those using a structured Clinical Reasoning model[4]. Recent studies also point out the need to make the thinking process (Clinical Reasoning) visible (documented or verbalized) for teacher evaluation, as a strategy for greater learning success[5-6].

The aim of this report is to reflect on the scope of the concept of expanded Clinical Reasoning and the interfaces between that process and the Nursing Process, in the context of clinical practice.

We hope to contribute, with the discussion of Clinical Reasoning, to moving beyond determining or labeling the condition of the person being cared for and the respective therapeutic recommendation to solve, minimize or adjust it to the current situation. Furthermore, we hope to unveil the interfaces between Clinical Reasoning and the Nursing Care Processes, given that they can be better valued in nursing education and clinical practice in our country.

This is an opportune moment in Brazilian nursing for such reflection, in view of the publication by the Federal Nursing Council (COFEN) of a new Resolution on the implementation of the Nursing Process[7].

The stages of Clinical Reasoning: an expanded view

Clinical Reasoning, which is fundamental to the clinical practice of all health professions, is considered to be a continuous, non-linear and complex process[5]. It is the integration of clinical information, the professional's knowledge and contextual (situational) factors to make decisions concerning patient care[8]. It is also a depicted as a cyclical course process, with interchangeable steps, it considers the individual's context and conditions, gathering clues, processing information, understanding the situation/problem, planning and implementing interventions, evaluating outcomes, reflecting, and learning[9].

Most research on Clinical Reasoning has focused on decisions related to diagnostic reasoning, as compared to therapeutic reasoning, which is relatively understudied and less understood[8].

In order to develop diagnostic reasoning, a set of thinking skills has been described and has been the focus of interest for national and international authors[10,11]. In a broader and more current approach, the orientation of thinking is understood as extending beyond the determination of the problem at hand; the inclusion of contextual and situational aspects is considered, allowing meanings to be constructed in face of the situation[8,12].

This is consistent with a recent study in which, when examining research on Clinical Reasoning, especially diagnostic reasoning, the authors[13] considered three approaches: studies addressing Clinical Reasoning as an activity centered on cognitive aspects and their models used in the task of diagnosing; those addressing the activity centered on contexts, such as geographical or institutional location, participants' characteristics, culture, rules or norms; and those portraying the activity as socially mediated by professional or organizational structures.

The multiplicity of perspectives, as well as the many facets inherent to clinical reasoning, added to the possible lack of knowledge on the concept, are reflected in the different names given to this process[13].

As for therapeutic reasoning, different types of skills are employed, involving mental processes and abilities. The literature highlights that, in the previous stage, the diagnostician is expected to make accurate decisions that

faithfully portray reality. In therapeutic reasoning, on the other hand, imprecision regarding the expected outcome is likely to occur due to the very nature of this phase of clinical reasoning. More recently referred to as management reasoning, at this stage, the professional must involve the values, beliefs, education, priorities and conditions of the person being cared for, consider the restrictions of the context and the therapeutic options together, negotiating the therapeutic plan; as well as making adjustments, monitoring and identifying changes or deviations from the initial objectives[8,12].

This view of Clinical Reasoning, as a cycle, is also shared by other authors who see it as containing the phases of knowledge, planning, action and evaluation[14]. The mental processes described in each of these phases are those inherent to the stages of the nursing process. The evaluation phase is noteworthy, in which, in addition to reflecting on the achievement of the expected results, the professional is also expected to reflect on the process, in terms of his/her learning, contributions to the context in which he/she works and to the health care network of the person being cared for[8,12,14].

In our view, the considerations on the scope of management reasoning are in line with the vision of healthcare management, which considers the individual, family, professional, organizational, systemic and societal dimensions[15]. In particular, not only in the professional and organizational dimensions, which merge and mutually condition each other, but also in the nurse's participation in healthcare management, developing actions that are interchangeable with the systemic dimension.

Therefore, Clinical Reasoning - diagnostic and management reasoning - consolidates the basis for the entire Nursing Process and, at the same time, provides and sustains the interfaces inherent to both processes.

The Nursing Process and the current model in Brazil

Since the second half of the last century, the Nursing Process has had different phases in its constitution. In Brazilian nursing, the five-phase model has been used in nursing teaching for over two decades and has been adopted for professional practice.

The proposal now adopted by COFEN Resolution Nº. 736 considers that the Nursing Process is organized into five interrelated, interdependent, recurring and cyclical stages[7]. It establishes that it should be carried out deliberately and systematically in every socio-environmental context in which nursing care takes place, and that it is a method which guides the nurse's critical thinking and clinical judgment, directing the nursing team to care for the person, family, community and special groups[7]. Such aspects are, in our view, in line with the development of care based on clinical reasoning, as it has been conceptualized.

The Resolution in question provides for the implementation and monitoring of actions, in accordance with the standards of autonomous, collaborative care and those arising from care protocols, which are the practice of health professions[7].

The preliminary considerations and final articles of the said Resolution are noteworthy, as they explain to nurses, nursing technicians and assistants the legal and ethical aspects of professional practice in the private actions performed by nurses or those shared with members of the health care team, especially in relation to the existing regulations on the documentation of such actions, in the different phases of the Nursing Process and in different practice contexts[7].

There is also a close relationship between the view of clinical reasoning as a cycle, consisting of the broad stages of knowledge, planning, action and assessment, and the phases of the Nursing Process[7,9,14].

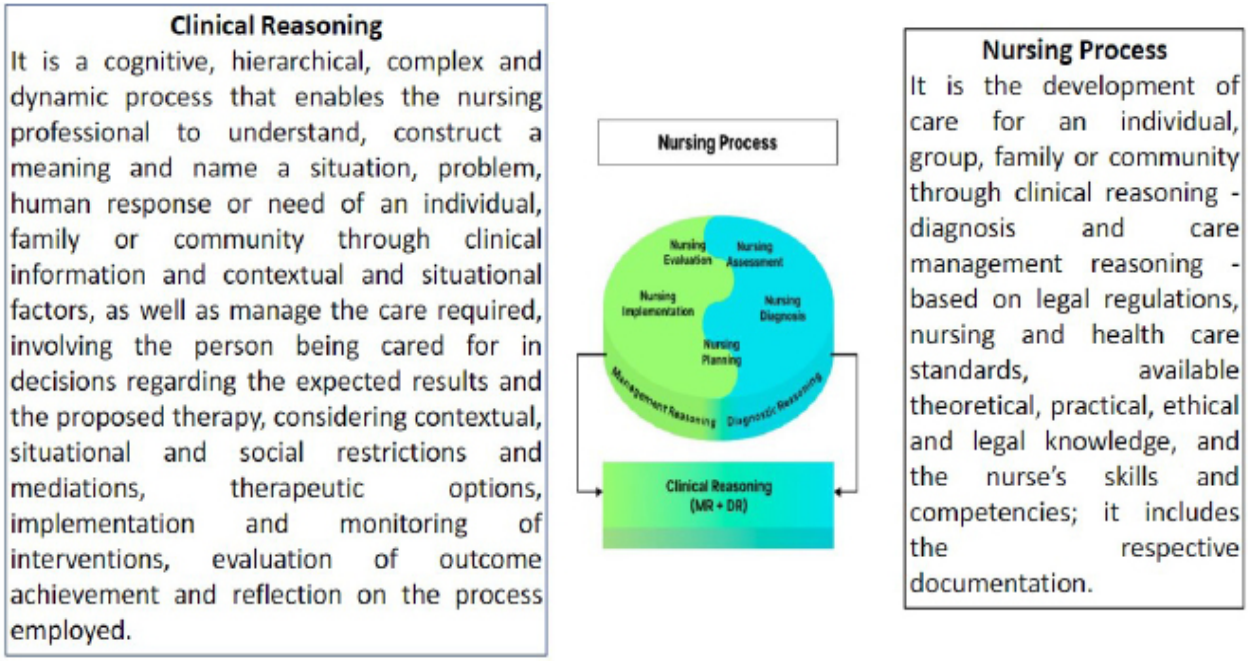
Diagnostic and management reasoning as the basis of the Nursing Process

Considering the Nursing Process to be based on Clinical Reasoning, in the proposed scope, means assuming the relevance of knowing the context of the person being cared for, valuing the choices of shared solutions, implementing standards aligned with the competencies within the scope of practice of the health professions and stimulating reflection on the whole process (for the person being cared for, for the professional, for the context in which they work and for the system of care for the individual). This approach, therefore, includes the essence of care in the professional dimension and management reasoning in the organizational and systemic dimensions, with aspects that make it possible to evaluate the activities performed at the operational and managerial level (efficiency and effectiveness), and contribute to decision-making aimed at care excellence.

These considerations enable us to propose the following vision of the interfaces between Clinical Reasoning and the Nursing Process, as shown in Figure 1.

We understand that this proposal contributes to strengthening professional identity, especially that related to the care-giving process; the meaning of professional identity "is organized around a primary identity that is self-sustaining over time and space", and this is Nursing care[16].

Figure 1. Interfaces between Clinical Reasoning and the Nursing Process.



Source: Prepared by the authors on the basis of the literature cited[5,7-9,11-14].

Another aspect that favors the consolidation of professional identity is the inclusion of nursing technicians and assistants in the development of the Nursing Process; and this aspect is made explicit in COFEN Resolution No. 736, despite the fact that efforts to train, educate and include the entire nursing team are still necessary[7,16].

FINAL CONSIDERATIONS

Finally, we understand that the development of the Nursing Process encourages the adoption of a policy of valuing integrated care with other professionals and the achievement of quality and safety for the individual, family or community, which are aspects that lead to professional satisfaction.

We presented the vision of Clinical Reasoning, which considers the inclusion of the person who is the focus of health care, the conditioning factors of the context and situation in which health care will take place and the dialogue of such information with sharing, therapeutic management and its effects, for both the person who is being cared for and the professional, and the health care organization/system. We emphasize that Clinical Reasoning is the amalgam for care provision development, expressed as the Nursing Process, in different contexts and for the different subjects who are the focus of provision. We emphasize that this union requires general and specific competencies and skills and respect for current legislation. We also reiterate that such understanding contributes to the unity of the Nursing team, the formation of a professional identity in Nursing, autonomous work and alignment with the competencies within the scope of practice of health professions.

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