A Systematic Review of Clinical Judgment at Visiting nurse in Japan

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Purpose

To review researches on, reveal characteristics of, and discuss issues in future researches on clinical judgment in visiting nursing settings.

Research Method

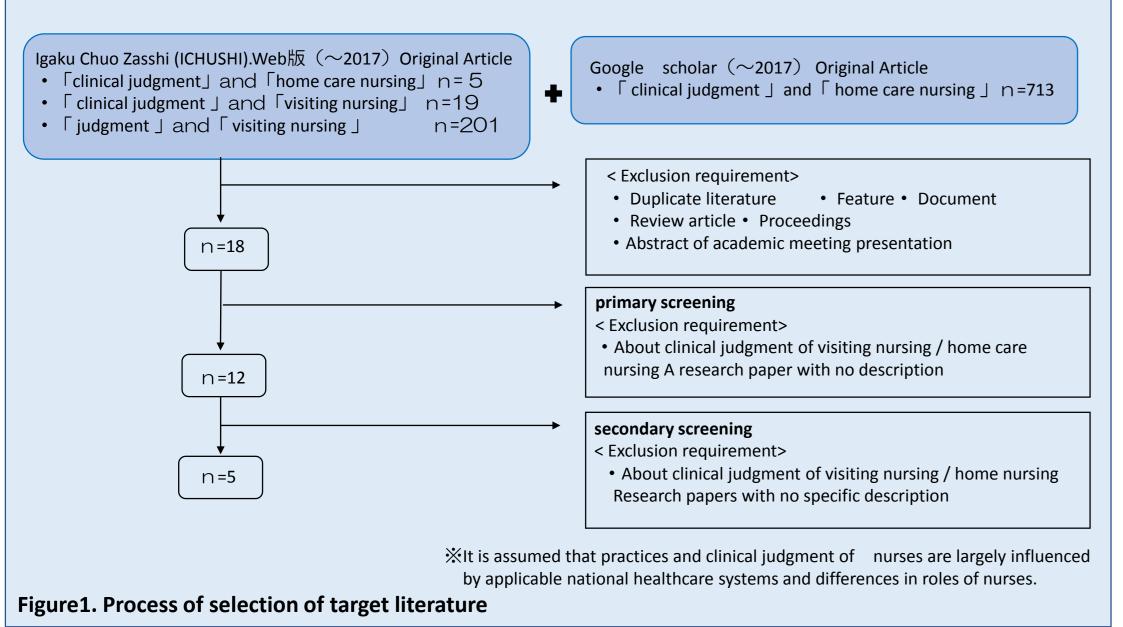
The scope of literature search in this research was limited to domestic literature available through Google Scholar and the web version of Igaku Chuo Zasshi (ICHUSHI).

For the primary screening

- articles containing keywords of "clinical judgment " and "visiting nursing" were retrieved from among those available as of the end of June 2017 and then narrowed down based on acceptance criteria.
 The authors read abstracts of the articles and selected subject articles.
 For the secondary screening,
- the authors read carefully the entire articles selected based on their abstracts and further narrowed down the subject articles. Finally, descriptions about clinical judgment were extracted by contexts and analyzed qualitatively and inductively.

Results

1. Researches on Clinical Judgment in Visiting Nursing



The subject articles were assessment in nursing processes and ad-hoc clinical judgment at patient' home were mixed in items of judgment by visiting nurses. Matters discussed in the articles highly varied, including specific judgments based on changes in elderly care receivers' conditions (e.g. possibility of bathing), components of visiting nurses' judgments, and analysis of judgment patterns.

2. Specific Clinical Judgments in Visiting Nursing Settings

Specific clinical judgments were stated in five of the subject articles. Through analysis of the specific judgments, a process of visiting nurses' clinical judgment was revealed:

1 "Presuppositions"

clinical nurses have "presuppositions" that guide them in what to observe in visiting nursing practices based on their theoretical and practical knowledge and experiences. It was extracted in 13 categories, including .

2 "Inference (IF)"

in which nurses conduct integrated assessment through actual observation during visiting, evaluate more than one possible option, and create meaning of their practices.

"inference (IF)" categories of 【considering】 【inferring, 】 and 【nurse's own awareness】 were extracted along with 22 subcategories. and inference to project multiple possible options and possible future conditions from integrated patient data including

Table 1. A process of visiting nurses' clinical judgment

Representative Sub- category

	Representative sub-category
1 presuppositions	awareness of roles and calling as a visiting nurse
	limitation of visiting nursing
	flexible and impromptu coordination with other professional
	comprehension of patient's family situation
	focus on relationship between patient and their family
	comprehensive observation of physical conditions and lifestyle
② inference (IF)	
[considering]	consideration and respect of patient's will
	consideration of patient's lifestyle
	consideration of abilities of family care providers
	consideration of physical condition of family care providers
	consideration of conditions and judgment criteria
	thinking about appropriate ways to ensure balance with other services
[inferring]	inferring the patient's current condition by comparing with his/her ordinary condition
	inferring future changes in patient's condition
	inferring effects of cares provided
	inferring livelihood of family care providers
	inferring characters and lifestyle of family care providers
	inferring impact of environment
[nurse's own awareness]	recognizing calling and roles of a visiting nurse
	expressing visiting nurse's value set and judgment overtly
	recognizing visiting nurse's own difficult situation
	feeling uncomfortable with doctor's or superior's judgment

3 " Making decisions "

nurses then make "decisions" on subsequent nursing practices.

4 "Implement"

they "implement" their decisions; and finally, nurses acquire further practical knowledge from **5** "Reflection" by capturing reactions of patients receiving care and attempt to deploy it in subsequent nursing processes.

5"Reflection.",

As for 5"Reflection.", data could not be extracted almost.

Discussion

1. Observations, which are tactics specific to visiting nursing

1 "Presuppositions," visiting nurses instantaneously observe, recognize, and obtain necessary information from patient situations based on their experiences and practical knowledge. Due to the characteristics of visiting nursing settings, nurses observed patient's living environment and family, captured their individualities, and integrated observations, which are tactics specific to visiting nursing practices unlike nursing in hospitals.

2. 2"Inference (IF)" category is providing care appropriate for patient needs based thereon

For the sub-category of <code>| nurse's</code> own awareness <code>| in the ②"Inference (IF)"</code> category, it was suggested that visiting nurses deliberate on more than one option (IF) from their own value set and experiences in inferring patient's situation, and make decisions through interaction with patients. This was the distinct characteristic of clinical judgment revealed by this research. The new finding is an important point in clinical judgment. In visiting nurses, there are visiting nurse's acts of "considering" in respect of patient and family wills and lifestyles and "inferring" based on possible options (IFs), which lead to their clinical judgment. This suggests that the thinking process of integrating various observations and establishing multiple options and projections is critical in instantaneously assessing patient's physical and mental state and their social resources (physical, human, and economic resources) and providing care appropriate for patient needs based thereon.

3. (5) "Reflection." is an important means of improving clinical judgment quality

No category was extracted regarding 5"reflection." However, reflection of nursing practices and further study on reflection of nurses should be conducted in the future. Further, sharing experience-based knowledge (knowledge assets) of expert nurses will help inexperienced nurses compensate for their lack of experience-based knowledge, which cannot be obtained through their own reflection.