

Editorial

Clinical reasoning is an analytical approach, based on disciplinary knowledge, which clusters and integrates data to arrive at the most accurate diagnosis and best therapeutic plan for patients/families/communities. Thus, nursing diagnosis is the outcome of a nurse's clinical reasoning – just as medical diagnosis is the outcome of a physician's clinical reasoning. We cannot accurately diagnose without applying clinical reasoning and domain-specific knowledge.

When we focus primarily on medical diagnosis and intervention in lectures and course work, what are we teaching students? If we expect nurses to primarily manage medication administration and perform medical interventions, what are we emphasizing as important for nursing practice? If we focus research solely on intervention or symptom management, what are we saying about nurses' ability to diagnose and claim responsibility for their practice? And if we have no time to assess or diagnose patients because we have too few nurses, too many patients, too many medical orders – who is truly caring for the whole patient and his/her family?

This is nursing's role – a *holistic view of patient/family/community* – assessment and diagnosis (clinical judgments) concerning human responses to health conditions/life processes, or a vulnerability for that response, by individuals/families/groups/communities. Our diagnoses should provide the basis for evidence-based nursing interventions to achieve outcomes for which we have accountability. Are we teaching and valuing nursing concepts/phenomena of concern to our discipline? Are we standing strong in our role of advocacy for the whole person – which goes beyond tasks related to medical diagnoses? Does our research reflect our knowledge base?

Will we meet the challenge of clinical reasoning from a nursing perspective, or will we maintain the status quo - teaching medical concepts and diagnoses, which we are not licensed to diagnose, relegating our role to the fulfillment of physician-ordered interventions? We must work with our physician colleagues to provide care that integrates the best of both disciplines, rather than emphasizing one discipline over the other.

T. Heather Herdman

RN, PhD, FNI

University of Wisconsin (Green Bay) and CEO/Executive Director, NANDA International, Inc

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