

Potential Use of Syndrome
Diagnoses in a BSN Curriculum:
Capturing the Human Experience in
Nursing Language

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NANDA definition of syndrome diagnosis

- Proposed: a cluster or group of **nursing diagnoses** that almost always occur together. It describes a clinical picture of health conditions/life processes that cluster together in a pattern of nursing diagnoses (Herdman, 2008)
- Historical: a cluster or group of **signs and symptoms** that almost always occur together. Together the cluster represent a distinct clinical picture (McCourt, 1991)

Syndromes in Medicine

- Fink (2007), in an exploratory study of 978 internal medical, neurological, and primary care patients in Denmark, found that patients complained of a median of five functional somatic symptoms (women of six and men of four). No single symptoms stood out but principle component analysis identified a cardiopulmonary autonomic (CP), a musculoskeletal (MS), and a gastrointestinal (GI) symptom group explaining 37% of the variance.

- Fink noted that physical complaints not attributable to verifiable, conventionally defined diseases are prevalent in all medical settings and many overlapping diagnoses and syndrome labels have been used
- In the latent class analysis of his data, inclusion of a group of five general, unspecified symptoms allowed construction of “bodily distress disorder”
- Fink concluded bodily distress disorder may unite many forms of functional somatic syndromes and may be triggered by stress versus being a distinct disease of noncerebral pathology

Syndromes in Medicine as “Second Class Diagnoses”

Syndromes in medicine are sets of **symptoms** occurring together : examples

- AIDS
- Restless Leg Syndrome
- Chronic Fatigue Syndrome
- Metabolic Syndrome- cluster of signs related to CVD but many “signs” are diagnoses (hypertension, DM, obesity, hypertriglyceridemia)

Carpenito-Moyet, 2008

- Syndromes “... comprise a cluster of predicted actual or high-risk nursing diagnoses related to a certain event or situation”
- “In medicine, syndromes cluster signs and symptoms, not diagnoses. In nursing, a cluster of signs and symptoms represent a single nursing diagnosis, not a syndrome nursing diagnosis” p. 18
- “Syndrome nursing diagnoses usually are one-part diagnostic statements with the etiologic or contributing factors contained in the diagnostic label” p.19

Approved NANDA Syndrome Diagnoses

- Rape Trauma Syndrome
- Disuse Syndrome
- Post-trauma Syndrome
- Relocation Stress Syndrome
- Impaired Environmental Interpretation Syndrome

Herdman (2008)

- Most participants in the on-line survey, when asked if the current definition of syndrome was sufficient, did not feel the current definition was sufficient (66.2%)
- One of the specific comments identified in the article was “not enough information to give the syndrome diagnosis the importance it needs to **take it seriously**”

McCourt (1991)

While McCourt defined syndromes as a cluster of signs and symptoms, she also identified common characteristics of reviewed syndromes to be:

- cluster of nursing **diagnoses**
- labels give clue to cause
- initial and long-term phases
- emotional, social and physical components
- represent complex clinical conditions requiring expert nursing assessment and expert nursing interventions.

Other syndromes have been suggested in the literature

- Carlson-Catalina (1998) – Battered Women Syndrome (24 nursing diagnoses in all the subjects)
- Cruz & Pimenta (2001) – Chronic Pain: Nursing Diagnosis or Syndrome (disturbed sleep pattern, constipation, deficient knowledge, impaired physical mobility and anxiety/fear)

Syndromes and the ANA Social Policy Statement

Values and Assumptions (ANA, 1995)

Humans manifest an essential unity of mind/body/spirit (*this matches McCourt's emotional, social and physiological components*)

Human experience is contextually and culturally defined (*this fits with several of the currently approved syndrome diagnoses and the Cruz, Pimenta proposal for chronic pain*)

Syndromes and Nursing

Middle-range theory

- Theory of Unpleasant Symptoms – (Lenz, Pugh, Milligan, Gift & Suppe ,1997)

These authors specifically identify that symptoms can occur in clusters and concurrent symptoms are multiplicative

The Symptoms Experience Model (Armstrong, 2003) looks further at the perception of the clusters and the Symptom Interaction Framework (Parker, Kimble, Dunbar & Clark, 2005). It indicates that several types of mechanisms can be involved

- Comfort Theory (Kolcaba, 1994) could also be thought of as indicating a syndrome perspective. Ease, relief and transcendence could include multiple nursing diagnostic labels

Syndromes and the nursing literature on symptom clusters

- Ryan et al. (2007), writing about symptom clusters in acute myocardial infarction (AMI), noted that people having AMI experience a constellation of symptoms. Using data from nine descriptive studies and latent class cluster analysis, five clusters of symptoms were identified. These clusters varied by age, race and sex. *While some of the clusters are “symptoms” versus diagnoses in NANDA, others of the “symptoms,” such as fatigue and acute pain are also NANDA diagnoses*

Most symptom cluster work has been created by medical grouping of patients

- Fatigue, depression, and insomnia: evidence for a symptom cluster in cancer (Donavan & Jacobsen, 2007)
- Symptom Cluster of Fatigue and Depression in HIV/AIDS (Voss et al., 2007)
- A study to assess the existence of the symptom cluster of breathlessness, fatigue and anxiety in patients with advanced lung cancer (Chan & Richardson , 2005)

However

- There are overlaps in clusters when created by medical diagnosis - *there may be a more useful way for nurses to analyze clusters across medical diagnoses to create syndrome labels that would alert nurses to other symptoms/nursing diagnoses for assessment*
- A concept analysis of symptom cluster by Barsevick (2007) concluded consideration should be given to fatigue, insomnia, pain and depression as potential “sentinel symptoms” that could effect patient outcomes - *this could be re-conceptualized as a syndrome indicating a negative outcome and thus a warning for enhanced assessment and intervention*

Examples for Use in Education

Fundamentals (Core Concepts)

Use of Already Approved Syndromes

- **Disuse Syndrome** – *this grouping of content represents all aspects of impaired physical mobility, as well as risk for Impaired respiratory function and risk for thrombus. This type of grouping of data crosses medical diagnosis and body system lines to allow nursing students to understand this core concept. We expand this beyond physical immobility.*
- **Post-trauma Syndrome** - *this grouping of content represents surgical and non-surgical trauma and alerts beginning nursing students to assess for fear, anxiety, pain and grief. We expand this to stress response.*

Not currently approved

- **Chronic Pain Syndrome** - *when taught as a syndrome versus a single NANDA diagnostic label it is easier to distinguish from acute pain and easier to conceptualize and relate to the NOC outcomes of Pain: Adverse Psychological Response, Pain Control, Pain: Disruptive Effects, and Pain Level.*
- **Altered Nutrition/Nurturance Syndrome** - *when taught as a syndrome this allow for the wider considerations of over and under nutrition as well other ways humans nurture each other.*

Advantages of Syndrome Diagnoses

- Capture of complexity
- Concept mapping of patient concerns
- Prioritization
- Capture the holistic human experience
- “Big branch” – taxonomy – big picture
- Population-specific and across populations
- Anticipate (others to expect and phases)
- Interventions

Anecdotal student response

- Many students in our class select a syndrome approach as a paper topic when given that opportunity (example: disuse)
- Beginning students find class notes organized more by syndrome (phenomenon) helpful when having to put together the picture of the patient
- Students indicate a “bigger picture approach” gives them a better idea of what to focus on in their assessments