4.5: Outcome Identification

*Outcome Identification* is the third step of the nursing process (and the third Standard of Practice set by the American Nurses Association). This standard is defined as, “The registered nurse identifies expected outcomes for a plan individualized to the health care consumer or the situation.” The RN collaborates with the health care consumer, interprofessional team, and others to identify expected outcomes integrating the health care consumer’s culture, values, and ethical considerations. Expected outcomes are documented as measurable goals with a time frame for attainment.¹

An outcome is a “measurable behavior demonstrated by the patient responsive to nursing interventions.”² Outcomes should be identified before nursing interventions are planned. After nursing interventions are implemented, the nurse will evaluate if the outcomes were met in the time frame indicated for that patient.

Outcome identification includes setting short- and long-term goals and then creating specific expected outcome statements for each nursing diagnosis.

**Short-Term and Long-Term Goals**

Nursing care should always be individualized and patient-centered. No two people are the same, and neither should nursing care plans be the same for two people. Goals and outcomes should be tailored specifically to each patient’s needs, values, and cultural beliefs. Patients and family members should be included in the goal-setting process when feasible. Involving patients and family members promotes awareness of identified needs, ensures realistic goals, and motivates their participation in the treatment plan to achieve the mutually agreed upon goals and live life to the fullest with their current condition.

The nursing care plan is a road map used to guide patient care so that all health care providers are moving toward the
same patient goals. **Goals** are broad statements of purpose that describe the overall aim of care. Goals can be short- or long-term. The time frame for short- and long-term goals is dependent on the setting in which the care is provided. For example, in a critical care area, a short-term goal might be set to be achieved within an 8-hour nursing shift, and a long-term goal might be in 24 hours. In contrast, in an outpatient setting, a short-term goal might be set to be achieved within one month and a long-term goal might be within six months.

A nursing goal is the overall direction in which the patient must progress to improve the problem/nursing diagnosis and is often the opposite of the problem.

**Example.** Refer to Scenario C in the “Assessment” section of this chapter. Ms. J. had a priority nursing diagnosis of *Fluid Volume Excess*. A broad goal would be, “Ms. J. will achieve a state of fluid balance.”

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**Expected Outcomes**

Goals are broad, general statements, but outcomes are specific and measurable. **Expected outcomes** are statements of measurable action for the patient within a specific time frame that are responsive to nursing interventions. Nurses may create expected outcomes independently or refer to classification systems for assistance. Just as NANDA-I creates and revises standardized nursing diagnoses, a similar classification and standardization process exists for expected nursing outcomes. The Nursing Outcomes Classification (NOC) is a list of over 330 nursing outcomes designed to coordinate with established NANDA-I diagnoses.⁴

**Patient-Centered**

Outcome statements are always patient-centered. They should be developed in collaboration with the patient and individualized to meet a patient’s unique needs, values, and cultural beliefs. They should start with the phrase “The patient will…” Outcome statements should be directed at resolving the defining characteristics for that nursing diagnosis. Additionally, the outcome must be something the patient is willing to cooperate in achieving.

Outcome statements should contain five components easily remembered using the “SMART” mnemonic:⁴

- **Specific**
- **Measurable**
- **Attainable/Action oriented**
- **Relevant/Realistic**
- **Timeframe**

See Figure 4.9 for an image of the SMART components of outcome statements. Each of these components is further described in the following subsections.
Specific

Outcome statements should state precisely what is to be accomplished. See the following examples:

- **Not specific:** “The patient will increase the amount of exercise.”
- **Specific:** “The patient will participate in a bicycling exercise session daily for 30 minutes.”

Additionally, only one action should be included in each expected outcome. See the following examples:

- “The patient will walk 50 feet three times a day with standby assistance of one and will shower in the morning until discharge” is actually two goals written as one. The outcome of ambulation should be separate from showering for precise evaluation. For instance, the patient could shower but not ambulate, which would make this outcome statement very difficult to effectively evaluate.
- Suggested revision is to create two outcomes statements so each can be measured: The patient will walk 50 feet three times a day with standby assistance of one until discharge. The patient will shower every morning until discharge.

Measurable

Measurable outcomes have numeric parameters or other concrete methods of judging whether the outcome was met. It is important to use objective data to measure outcomes. If terms like “acceptable” or “normal” are used in an outcome statement, it is difficult to determine whether the outcome is attained. Refer to Figure 4.10 for examples of verbs that are measurable and not measurable in outcome statements.

![Figure 4.10 Measurable Outcomes](https://med.libretexts.org/Bookshelves/Nursing/Nursing_Fundamentals_(OpenRN)/04%3A_Nursing_Process/4.05%3A_Outco...)

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See the following examples:

- **Not measurable:** “The patient will drink adequate fluid amounts every shift.”
- **Measurable:** “The patient will drink 24 ounces of fluids during every day shift (0600-1400).”

### Action-Oriented and Attainable

Outcome statements should be written so that there is a clear action to be taken by the patient or significant others. This means that the outcome statement should include a verb. Refer to Figure 4.11 for examples of action verbs.

**Figure 4.11 Action Verbs**

See the following examples:

- **Not action-oriented:** “The patient will get increased physical activity.”
- **Action-oriented:** “The patient will list three types of aerobic activity that he would enjoy completing every week.”

### Realistic and Relevant

Realistic outcomes consider the patient’s physical and mental condition; their cultural and spiritual values, beliefs, and preferences; and their socioeconomic status in terms of their ability to attain these outcomes. Consideration should be also given to disease processes and the effects of conditions such as pain and decreased mobility on the patient’s ability to reach expected outcomes. Other barriers to outcome attainment may be related to health literacy or lack of available resources. Outcomes should always be reevaluated and revised for attainability as needed. If an outcome is not attained, it is commonly because the original time frame was too ambitious or the outcome was not realistic for the patient.

See the following examples:

- **Not realistic:** “The patient will jog one mile every day when starting the exercise program.”
- **Realistic:** “The patient will walk ½ mile three times a week for two weeks.”
Time Limited

Outcome statements should include a time frame for evaluation. The time frame depends on the intervention and the patient’s current condition. Some outcomes may need to be evaluated every shift, whereas other outcomes may be evaluated daily, weekly, or monthly. During the evaluation phase of the nursing process, the outcomes will be assessed according to the time frame specified for evaluation. If it has not been met, the nursing care plan should be revised.

See the following examples:

- **Not time limited:** “The patient will stop smoking cigarettes.”
- **Time limited:** “The patient will complete the smoking cessation plan by December 12, 2021.”

Putting It Together

In Scenario C in Box 4.3, Ms. J.’s priority nursing diagnosis statement was *Fluid Volume Excess related to excess fluid intake as manifested by bilateral basilar crackles in the lungs, bilateral 2+ pitting edema of the ankles and feet, an increase weight of 10 pounds, and the patient reports, “My ankles are so swollen.” An example of an expected outcome meeting SMART criteria for Ms. J. is, “The patient will have clear bilateral lung sounds within the next 24 hours.”

5. “SMART-goals.png” by Dungdm93 is licensed under [CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/).  
6. “Measurable Outcomes” by Valerie Palarski for [Chippewa Valley Technical College](https://www.chippewavalleytc.edu) is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/).  
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