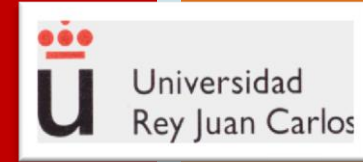




Overview of the use of standardized language NANDA/NIC/NOC in intensive care units of Madrid.



Comunidad de Madrid

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+ Aim.

To determinate the experience of intensive care units' nurses about standardized language Nanda/NIC/NOC





Method:

Descriptive phenomenological qualitative study (Morse & Richards, 2002).

"Bracketing" (Gearing, 2004): unstructured interviews and recording position description researchers (Dowling, 2007).

Sampling Strategies: Sample by purpose (Mayan, 2001) and snowball technique (Morse & Richards, 2002)

Inclusion criteria: ICU Nurses with at least one year of experience there and at time of the study working at the ICU.

Data collection. Unstructured interviews and personal testimonies. An "Opening Question" was used (Morse & Richards, 2002). Data collection was conducted until data saturation (Kuper et al., 2008).



+ Methods

Qualitative analysis.

Implementation of the Giorgi 's proposal (Giorgi, 1997). The meaning units were identified, they were grouped by meanings and common themes.





Method



Validation of data: Checking data

Comparison of primary and secondary source.
Verification of the contents of the interviews with participants.
Triangulation of researchers.

We used the quality criteria for qualitative studies published by Malterud (2001).

Ethical considerations.

Law 15/1999 of 13 December on the protection of personal data.
Behaviour's rules were established in case the bearer was emotionally affected
Established standards to be followed by investigators in case of possible emotional harm during the interview participants (Clarke, 2006; Hewitt, 2007; Dickson-Swift et al., 2006).

+ Results

9 nurses met the criteria.

15 structured interviews and 3 letters.

Average age: 32.30 years.

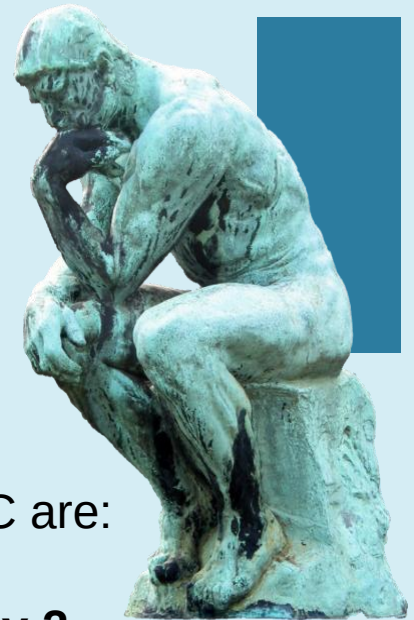
The themes identified by the lived experience of ICU's nurses regarding the use of standardized language NANDA / NIC /NOC are:

"Living integrating 2 sides of the same coin, made in turn by 2 sub-topics, theoretical and practical application".

"Live with a conceptual imposition"

"Live with the hierarchy of nurses".

"Live a professional development opportunity with two sub-themes: academic curriculum and discipline. Is a constant gamble"





Living integrating two sides of the same coin



- *“Diagnoses are not bad, the problem is that the terminology is not clear, you don’t understand the meaning” (E11)*
- *“To achieve a clear diagnosis you have to use your head for a long time. Nobody can dedicate so much time..” (E5)*
- *“It could be that the people in charge of improving this terminology are not very close to the normal practice” (E7)*
- *“...one hand they tell you all the time that you must use them, but on the other hand there is no control...you can do what you want”....(E6)*
- *“...because at the end how to have 28 related factors is going to improve the quality of my nursing care?” (E 13)*



Live with a conceptual imposition.

“We take care to teach them how to work daily in the ICU, the teaching assistants are in charge of the theory...” (E2)

“One day the supervisor came and told us we must to do this and that : you know "orders from above"” (E6)

“I'm not saying it's not good, it's just that I'm more interested in developing other aspects of my work...” (E6)

“I am a temporary worker, I can not say no. I have to be in this work group because if not my job could be in danger. Things are like that.” (E4)



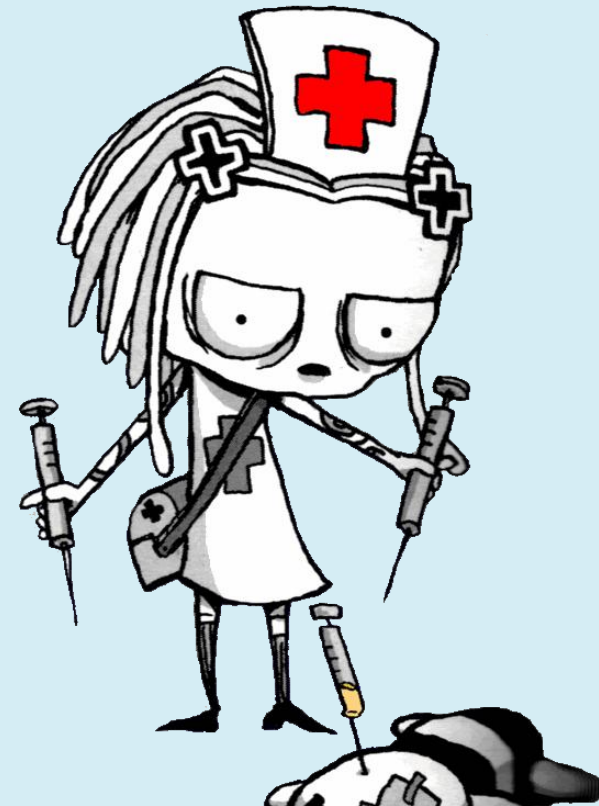


“ Live with the hierarchy of nurses.

“... in this story , as always, you need a reference person, someone to follow, the driving force” (E4)

”...There are two types of nurses those that do it and those that not”(E9)

“... over time, we take for granted that there are people that agree or not . Even if you never enquire” (E6)





Live a professional development opportunity

- *“the same old story, join them or not. But it entail other things like: congress attendance, profesional trainings....” (E3)*



- *“If you want to be a profession, you must have a body of knowledge... it will allow us to follow the same dinamycs” (E 12)*
- *“ It is important, but we have autonomy as ICU’s nurses due to the constant control of machines, monitors and stuff, not by the use of NANDA terminology” (E11)*

+ Is a constant gamble



- “No, they (young nurses) adapt to the way of working and thinking of the place where we work”.(E7)
- “But I finished my studies 25 years ago, at that time I was informed of this as if it were the panacea for the immediate future, and today many years later is not used for anything in my work. ”(E8)
- “We work in a certain way ... with our methodology... but anything is reflected because we don’t have an standard terminology” (E9)

+ Conclusions.



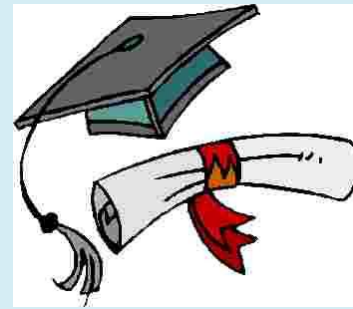
Nurses perceive a huge distance between the daily clinical practice and the theoretical application of standardized language NANDA / NIC / NOC.

These two elements appear continuously, giving a sense of conceptual imposition of a particular terminology/language

There is a perception of a hierarchy of nurses based on the use of standardized terminology/language.



Conclusions.



Despite everything, the use of NANDA/NIC/NOC's terminology/language is lived like as a professional opportunity of development.

It would be necessary to develop global long term programs about standarized NANDA/NIC/NOC termonology in ICU, avoiding short-term initiatives without a perspective of continuity

The diagnosis is a tool to reach an end, not an end in itself. It is a tool that should be tested in the clinical practice.

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