

*Implementing Standardised Nursing Languages  
into practice: what are the key issues for clinical  
nurses and clinical nurse leaders*

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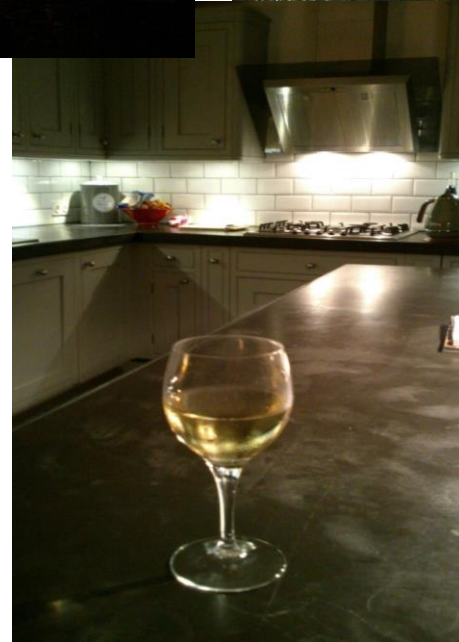
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**Much of what I say will be linked to the ‘new’ NANDA-I  
book...yet to be translated in Estonian**



**Yesterday I brought you greetings from Oxford and  
NANDA-I, today it's greetings from France, my home**



## The purpose of this presentation is to:

- Provide an overview of the challenges of implementing **Standardized Nursing Language** into clinical practice
- Discuss the **roles** of clinical nurses and clinical nurse leaders in implementing Nursing Diagnosis
- **Answer** questions

## Yesterday we discussed the importance of developing a strategic approach...as an aide memoir:

- The demands on RN's are increasing inline with **global health care requirements**, the aging population and chronic disease management.
- RN's are more professionally **mobile** than ever before
- RN roles are significantly different in different jurisdictions, especially in **Advanced Practice** and with prescriptive authority and so on
- Clinical **benchmarking** and practice improvement is now international
- **Internationalization** generally
- A **legacy strategy** is essential : it's not about us!
- Our more specific discussions and deliberations about standardized nursing language must be seen against the backdrop of the challenges we face

- **Some comments and reminders for all clinical nurse leaders and clinical nurses...**

## Firstly, to remind you what **Standardized Nursing Language (SNL)** adds in practice:

**Standardized nursing language (SNL)** is a commonly-understood set of terms used to describe the clinical judgments involved in assessments **nursing diagnoses (1)**, along with the **interventions (2)**, and **outcomes (3)**, plus the documentation of nursing care. Terms can be used to:

- Improve nurse to nurse and nurse to multi-disciplinary team **communication**, thus improving **safety** and **quality** of care
- **Plan** and **evaluate** care more effectively
- Educate
- Improve evidence-based practice
- Audit and research
- SNL can also reduce the time spent on documentation, a major source of frustration for most RN's

## Basic but vital: the Nursing Process captures the whole patient journey

Evidence-based  
assessment

Nursing  
Diagnosis  
NANDA-I

Evidence-  
based  
Intervention  
NIC

Culturally-  
safe goal  
setting

Outcome  
evaluation  
NOC



## And a further reminder of the structure of Nursing Diagnoses

1. A label, using a standardized structure. For example, **Impaired Memory** (*a good example of a recently improved diagnosis*)
2. Code (00131); Approval and revision dates (1994 and 2017); level of **evidence score (3.1.)**
3. Definition
4. **Defining characteristics**, are critical for safe and meaningful diagnosis
5. Related factors, such as alteration in fluid volume
6. Associated conditions, such as brain injury
7. References (**now** online)
8. Notes about updates and redundancy

## And of the three types of diagnosis...

- There are **3 types** of diagnosis:
  1. Problem-focused (example, acute pain)
  2. Risk diagnosis (example, risk for constipation)
  3. Health promotion diagnoses (example, Readiness for enhanced breast feeding)

This is part of the reason why we refer to Nursing Diagnoses and not Nursing 'Problems'

## Nursing assessment is key to Nursing Diagnosis

- Unlike medicine, with its' body systems approach that is used systematically worldwide, nursing lacks an internationally accepted tool or framework for assessment.

### **The Use of Taxonomy II as an Assessment Framework**

- *Nursing assessments provide the starting point for determining nursing diagnoses. It is vital that a recognized nursing assessment framework is used in practice to identify the patient's problems, risks, and outcomes for enhancing health.*
- *NANDA-I does not endorse one single assessment method or tool. The use of an evidence-based framework, such as Gordon's functional health pattern should guide assessment that supports nurses in determination of nursing diagnoses.*

### **Assessment tools fall within two broad categories:**

1. Whole person assessment (for example, Gordon)
2. Topic specific (for example, The Braden Scale)

## Nursing assessment is key (2)

### 1. Whole person assessment, such as Gordon

- Initial and on-going **screening**
- The systematic process avoids the temptation to jump to **interventions** based on perceived experience without exploring other potential issues
- Focus on safety and the identification of **risks** other than the presenting risk
- Patient focused, **not** professional boundary focused. For example, nutritional or psychological assessment
- BUT the process does not eliminate the need for a **judgement** to be made about appropriate timing for a full assessment

## Gordon's Functional Health Patterns: the late Dr. Marjory Gordon, PhD, RN, FAAN, FNI



- Theory **neutral** (i.e. it's not aligned or built from any nursing theories)
- Can be used without conflict **alongside** other principles, theories or care models including self-assessment
- **Evidence-based**
- Wide utility in **Europe**
- Covers the entire **life-span**
- Does **not** require a license

## Gordon's Functional Health Patterns (2): the late Dr. Marjory Gordon, PhD, RN, FAAN, FNI



### A cautionary note:

- If you alter the tool or the order of the items you will need to conduct a **study** to ensure that the tool remains effective and safe in clinical practice
- You may add **prompts** though, which are helpful to students and new graduates
- Prompts maybe **specialty specific**

## 11 Gordon's Functional Health Patterns

1. Health perception – health management
2. Nutrition – metabolic
3. Elimination
4. Activity – exercise
5. Sleep – rest
6. Cognitive – perceptual
7. Self-perception – self-concept
8. Coping – stress tolerance
9. Role – relationship
10. Sexuality – reproduction
11. Value – belief

Reference: Gordon (1994)

## What are prompts? Taking '4. Activity and exercise: respiratory' section as an example...

- **4. Activity and exercise**

- **Respiratory**

- Does the patient have any difficulty breathing?
- Is there any noise when they are breathing such as wheezing?
- Does breathing cause them pain?
- How deep or shallow is their breathing?
- Is their breathing symmetrical?
- Does the patient have any underlying respiratory problems such as chronic obstructive pulmonary disease, emphysema, tuberculosis, bronchitis, asthma or any other airway disease?

*(In this section it is also important to assess and monitor smoking habits)*



## Nursing assessment is key (3)

### 2. Topic specific assessment tools

- Generally, should **not** be used without a whole person assessment
- The **evidence-base** for some tools is questionable, particularly in situations in which the tool was not validated. The Braden Scale for Pressure Injury is a good example.
- Other tools, such as the Glasgow Coma Scale have a well developed evidence-based.
- It's vital to **engage** front line RN's in the choice and appropriateness of tools for each clinical setting

## **Effective Critical thinking and diagnostic reasoning is critical for diagnostic accuracy**

- **Questions to ask yourself during the diagnostic process:**

1. Second opinion needed?
2. 'Eureka' moment / pattern recognition
3. Anti-evidence that refutes my nursing diagnosis
4. Think about my thinking (metacognition)
5. Overconfident in my decision?
6. What else could be missing?

Reference: adapted from SEA TOW medical decision making thinking tool, Rencic, 2011

## 5 minute in-room break



## Diagnostic concepts

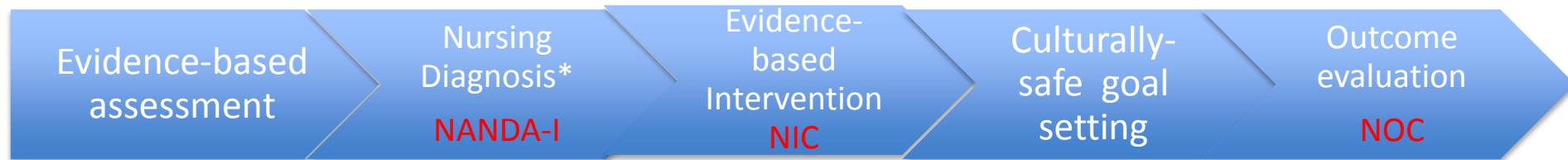
### **NANDA-I has a multi-axial construction:**

- Axis 1: the focus of the diagnosis (anxiety, for example)
- Axis 2: subject (individual, family, community)
- Axis 3: judgement (impaired, ineffective)
- Axis 4: location (oral, cerebral etc.)
- Axis 5: age (neonate, adult etc.)
- Axis 6: time (chronic, acute, intermittent)
- Axis 7: status (problem, risk or health promotion)

## How do clinical nurses immerse themselves in Nursing Diagnoses?

- Most nurses will probably use only **15-20** diagnoses in their day to day practice
- Spend some time with the book and **highlight** the nursing diagnoses that you feel are most relevant to your practice
- Explore some of the **references** and note that many diagnoses have references from **international sources** and in more than one language
- **Reflect** on your findings with a nursing colleague
- **Team** activities are also important and coming together to discuss your reflections is a great way of working

## Basic but vital: the Nursing Process captures the whole patient journey

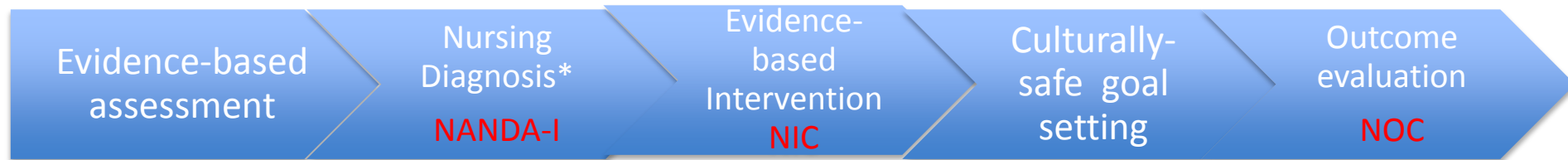


**\* What to do if an identified issue doesn't fit neatly into an NANDA-I diagnosis: how to fill the gaps? 1. Immediately 2. Strategically**

**What to do immediately if there is no nursing diagnoses in the book that describes the phenomena you have observed?**

- Ensure that you've looked at all of the available diagnoses
- Don't use an inappropriate one just because there is nothing else
- You may write your own nursing diagnosis, problem statement or descriptor
- You may wish to note the gaps you find in your practice and discuss them as a team and / or with nurse and academic leaders

## Basic but vital: the Nursing Process captures the whole patient journey



\* What to do if an identified issue doesn't fit neatly into an NANDA-I diagnosis: how to fill the gaps? 1. Immediately **2. Strategically**




What to do strategically if there is no nursing diagnoses in the book that describes the phenomena nurses are observing in their practice

- NANDA-I would urge you to collate data **nationally** on the gaps identified in Estonia
- We would urge you to discuss findings with the NANDA-I Diagnosis Development Committee (**DDC**)
- We would be delighted to discuss **educational** preparation to enable Estonian nurses to develop high-quality submissions for DDC
- The new book contains submissions from Spain, Portugal, Brazil, USA, Canada, Philippines and UK
- **'Risk for Complicated Immigration Transition'** is an excellent example of a new phenomena of concern to Public Health Nurses in Spain responding to the crisis in Syria

## Building on yesterday's discussion on implementation priorities for clinical leaders and educators...

**Targeted** education for clinical nurses is key and may include:

- Underpinning theory
- Critical thinking and decision-making
- A refreshed understanding of the Nursing Process
- Case studies
- Practical exercises
- Documentation
- Frequently asked questions
- Organizational communication and leadership



# ‘In God we trust: all others must bring data’

*William Edwards Deming, date uncertain*

- A first useful piece of academic and leadership work would be to establish the **top 10 high frequency** nursing diagnoses by unit
- As a reminder, **High frequency diagnoses** are those that are found within > 75% of a patient population
- There is a well tried and tested process for doing this work but a **‘pilot’** project is suggested in just one agreed unit
- As a reminder, these **data** can be used to devise education programs, alter staffing assignments and engage specialist help

## Higher level leadership considerations may include:

- A 2025 **action plan**
  - The further development of a **leadership team** based on Shared Governance and Transformational Leadership (i.e. with front line RN's as key members, including sceptics!) building on the 3N group
  - The development of Ambassadors with additional leadership and clinical personal development and social media support
  - A special development program for Head Nurses / Unit leaders, taking into consideration their unique role, responsibilities and accountabilities
  - Academic development
  - Hosting a NANDA-I Symposium

## Sounds scary?!



**Actually, this is exciting – roll on 2025!**



A decorative graphic in the top-left corner consisting of several overlapping, curved lines in shades of blue, green, and purple.

**Thank you**

**Questions and feedback?**

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