Knowledge, Attitude, and Barriers to Using Standardized Nursing Languages and Current Practices in Nursing Department and Public Health

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Abstract. The independent, complex role of a nursing school requires accurate documentation of assessments, interventions, and outcomes. Consistent documentation by all nursing school or departments is crucial to study the impact of nursing interventions on patient health and success on students in University. While standardized nursing languages are available, the actual use of these languages by nursing school is in the infancy stages of implementation. The results of this survey serve as a foundation for moving the practice of nursing school towards consistent documentation. The aim of this study is to identify nursing department knowledge and attitude about the use of standardized nursing languages, identify barriers for nursing staff in nursing department and nursing who works at public health to implement the use of standardized nursing languages in their lessons documentation and nurse practices documentation. A cross-sectional, descriptive was used for this study, using a part of Everett Rogers. Diffusion of Innovation (DOI) theory. This research design allowed for collection of information related on knowledge, attitude, barriers and current practices of using NANDA, NIC,and NOC (NNN) in nursing department documentation and nurse practices documentation at public health. The opportunity to incorporate standardized nursing languages in the Department of Nursing at University of Shkoder is presented. Nursing Department has knowledge, favourable attitudes, and recognize barriers to implementing standardized nursing languages in lessons and current practices of using NANDA, NIC, and NOC (NNN).

Keywords: languages, standardized, barriers, nurse in public health, practice.

Introduction

Standardized nursing languages describe nursing care concepts (diagnoses, interventions, or outcomes) using common terms to communicate within and across health care systems, health care providers, and other health professionals. The American Nurses Association (ANA) recognizes eleven different standardized nursing languages (terminologies)[1]. Standardized nursing languages provide consistent terminologies or coding of data which in turn allows for aggregation of data and provides the basis for research, quality improvement, and ultimately helps define best practices and evidence-based guidelines (Beser, 2011).

Learning of concepts starts being constructed from the birth of humans (Bulechek, 1996). Humans start using these concepts as an imitation of sounds but also as a valid imagery as well during infancy before starting school and later in sentences as the language process is complete.

The need to develop standardized nursing languages or classifications was prompted by the notion that nursing assessment data needed to be organized or clustered for interpretation before a nurse could develop a client plan of care which would then be implemented and evaluated.

Standardized nursing languages provide a classification system to describe nursing concepts and specific aspects the nursing process (diagnoses, interventions, or outcomes) (Rutherford, 2008).

WHO explains intersectional action for health as 'a recognized relationship between part or parts of the health sector with parts of another sector which has been formed to take action on an issue to achieve health outcomes in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone (Moorhead *et al.*, 2013).

One of the modern ways of learning, which may be utilized in introducing the desired skills, is the problem-based learning, which takes constructivist learning theory as its basis[4].

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The nursing diagnosis NANDA became the label to define a 'clinical judgment about individual, family, or community responses to actual or potential health problems/life processes (Hardier *et al.*, 2006).

NIC is a classification system specifically for nursing interventions that was first published in 1992 and included 336 interventions.

The Nursing Outcomes Classification (NOC) is a comprehensive, standardized classification of patient/client outcomes developed to evaluate the effects of interventions provided by nurses or other health care professionals (Kosea *et al.*, 2014).

The aim of this study is to identify nursing department knowledge and attitude about the use of standardized nursing languages, identify barriers for nursing staff in nursing department and nursing who works at hospital to implement the use of standardized nursing languages in their lessons documentation and nurse practices documentation.

Materials and Methods

The object of the study were 8 lecturers, who are full time employers of nursing department, 33 mentors, who are full time employer at the Shkoder Public Health hand 55 part time lecturers at nursing department. This research design allowed for collection of information related on knowledge, attitude, barriers and current practices of using NANDA, NIC, and NOC (NNN) in nursing department documentation and nurse practices documentation at the Shkoder Public Health.

The nurses working in the institution have a mean age 47 years old. The minimum age of the nurses was 26 years old and the maximum age was 62 years old, with a range 38 years. About 66% of nurses have age more than 45 years old.

Of all nurses interviewed 29 of them were female and only 4 male. For female nurses the mean age was 47 years old and for male nurses was 45.5 years old.

Table 1. Nurses (total) - descriptive statistics: age, years of work

Variable	Count	Mean	Minimum	Maximum	Range
Age	33	47.00	24.00	62.00	38.00
Years of work	33	22.97	1.00	36.00	35.00

Table 2. Nurses (total) - descriptive statistics: age, sex, years of work

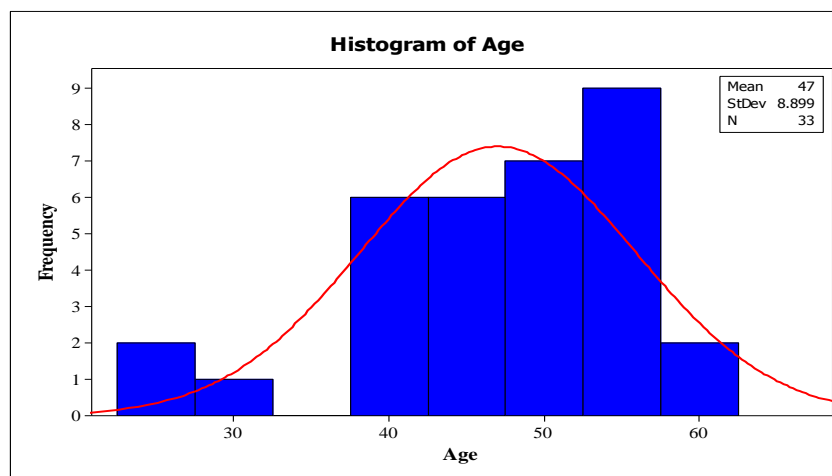| Variable	Sex	Count	Mean	Minimum	Maximum	Range
Age	F	29	47.21	26.00	62.00	36.00
	M	4	45.50	24.00	59.00	35.00
Years of work	F	29	22.93	2.00	36.00	34.00
	M	4	23.25	1.00	35.00	34.00

Figure 1. Histogram of ages for nurses

Questionnaires were completed independently by the three categories considered in the study.

Table 1. Knowledge about NANDA, NIC, NOC

Knowledge level	NANDA			NIC			NOC		
	lecturers	mentors	part-time lecturers	lecturers	mentors	part-time lecturers	lecturers	mentors	part-time lecturers
None (%)	0	0	9.09	0	0	18.18	0	0	27.27
Minimum knowledge (%)	0	33.00	36.36	0	5	45.45	0	29.40	45.45
Adequate knowledge (%)	12.50	49.60	45.45	12.50	74.90	27.27	25	67.20	18.18
Superior knowledge (%)	87.50	7.40	9.09	87.50	20.010	0	75	3.40	9.09

According to Table 1, lecturers have sufficient knowledge about NANDA, NIC and NOC theories, mentors have adequate knowledge, while part-time lecturers have minimum knowledge about these theories.

Table 2. Methods of learning about NANDA, NIC, or NOC

Methods of learning	NANDA			NIC			NOC		
	lecturers	mentors	part-time lecturers	lecturers	mentors	part-time lecturers	lecturers	mentors	part-time lecturers
Formal (face-to-face) courses(s) through college(%)	87.5	68.8	7.27	87.5	70.7	3.6	87.5	85.9	5.4
Online course(s) from college or continuing Education(%)	87.5	21.3	9.09	87.5	67.20	5.4	87.5	76.30	3.6
Local or state continuing education conference(s)(%)	100	21.8	14.5	100	90.29	9.1	100	82.40	7.3
Other national conference(s)(%)	87.5	21.6	3.6	87.5	44.2	3.6	87.5	73	0
Nursing textbook(s)(%)	100	96	90.9	100	90.1	63.6	100	92.6	36.4
Journal (Order of nurse AL)	25	4	3.6	25	2.9	3.6	25	6	0
Other nursing journals	87.5	45.9	18.%	50	20.5	5.4	87.5	32.8	23.6
Another nursing job (present or past)(%)	62.5	22.2	3.6	25	46.1	1.8	62.5	20.8	5.4
Other(%)	50	4	3.6	50	2.5	1,8	62.5	0	0

The data in Table 2indicate that all the groups in this study, prove that the method of learning about NANDA, NIC, or NOC is by nursing textbook(s), while it is less used the Journal "Health Care Professionals" (Journal, Order of nurse Albania). This is due to the small number of journals and non-coordination between Order of nurse Albania- University and Public Health.

The data in Table 3 indicate that nursing lecturers have knowledge, favourable attitudes, and recognize barriers to implementing standardized nursing languages in lessons and current practices of using NANDA, NIC, and NOC (NNN). The great barrier for lecturers is financial resources to pay for necessary equipment, such as a computer, computerized documentation program, or licensing fees. For all lecturers the lack of mandate from educational system to use standardized nursing languages is not a barrier.

Table 3. Barriers to using standardized nursing languages

Barriers to using standardized nursing languages	Not a barrier			Small barrier			Moderate barrier			Great barrier			No opinion		
	lecturers	mentors	part-time lecturers	lecturers	mentors	part-time lecturers	lecturers	mentors	part-time lecturers	lecturers	mentors	part-time lecturers	lecturers	mentors	part-time lecturers
Lack of knowledge related to standardized nursing languages (%)	75	20.4	21.8	12.5	48	36.3	12.5	16.	18.1	0	8.5	3.6	0	0	0
Time to learn a new system of documentation (%)	62.5	9.4	12.7	25	20.7	36.3	12.5	35.4	18.1	0	27.9	18.1	0	0	14.5
Current documentation system does not include standardized nursing	87.5	5.3	14.5	0	49.1	21.8	12.5	21.6	27.2	0	11.8	36.3	0	3.9	0
Financial resources to pay for necessary equipment, such as a computer, computerize	0	4	5.4	37.5	51.4	18.1	37.5	10.6	20	25	29.7	54.5	0	0	1.8
Lack of reference books, such as NANDA, NIC, and NOC books (%)	37.5	4.2	1.8	25	0	10.9	37.5	10.5	36.3	0	76.2	50.9	0	3.8	0
The process of changing my current documentation practice (%)	37.5	5.9	0	25	12.8	5.4	37.5	38.7	41.8	0	35.4	52.7	0	0	0
Lack of mentors to help facilitate change to standardized nursing languages (%)	12.5	43.8	23.6	50	36.5	32.7	25	5.7	18.1	12.5	8.1	25.4	0	0	0
Lack of mandate from educational system to use standardized nursing languages (%)	100	83.7	7.3	0	8.8	7.3	0	0	0	0	0	0	0	0	85.4

Conclusions

The opportunity to incorporate standardized nursing languages in Department of Nursing at University of Shkoder is presented. Nursing department has knowledge, favourable attitudes, and recognize barriers to implementing standardized nursing languages in lessons and current practices of using NANDA, NIC, and NOC (NNN).

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