QUALITY IN NURSING – NURSES’ PERSPECTIVES ON THE NNN TAXONOMIES

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OBJECTIVES

- To establish, whether the documentation for NNN nursing systems being introduced into healthcare are beneficial for the work of nursing staff.
- To look at some of the potential issues linked to the use of NNN documentation systems within the Czech healthcare system, with particular regard to improving quality.
- To discuss the use of taxonomies within the context of patient-centred healthcare.
- To ascertain whether the newly introduced nursing taxonomies have the potential to fulfill the goals for which they are used (as Rutherford (2008) suggest, these are mainly: ▪ to provide better communication among nurses and other health care providers; ▪ to increase visibility of nursing interventions; ▪ to improve patient care; ▪ to provide greater adherence to standards of care; etc.)

METHODS

- A combination of research methods:
  a) An analysis of the documentation for NNN nursing systems, primarily NANDA-I, NIC, and NOC.
  b) An analysis of the financial impact of introducing the documentation for NNN nursing systems for health insurance companies; and from the organizational perspective and the overall efficiency of the Czech healthcare system.

RESULTS

1. Even in globalized developed countries, medical care is strongly influenced by cultural norms and values. There are various issues concerning the translation of some of the definitions into Czech, which may in fact lead to misunderstandings. The taxonomies are complex and offer many definitions for simple concepts; therefore they are potentially increasing the risk of misunderstandings occurring.
2. Some of the coding nurses have to do are time-consuming and therefore constitute an additional burden on the nursing staff. Because NNN classifications are extremely comprehensive, administrative work (understood as indirect care) takes nurses more time than before. Henrich et al. (2008) as well as Gugerty et al. (2007) present alarming findings that nurses in their studies spent over 50% of their working time by administrative work only. With the introduction of taxonomies, the overall paperwork load is increasing. Moreover, the various systems that are used are not always compatible well enough with one another. Nurses are concerned they will be unable to spend sufficient time with patients, which in turn affects the quality of the healthcare that patients receive.

3. It is clear that there are considerable additional costs needed to be taken in account, e.g. the extra staffing or training costs borne by the health insurance companies while the implementation of the taxonomies into their systems.

4. In the Czech Republic, demographical development also needs to be taken in account. Due to the decrease of the time that nurses spend on direct care, the amount of nurses needed will increase. However, the necessity of increasing the number of nurses should be high enough to reflect not only their increased administrative workload, but also to consider current demographic trends (in particular aging of the population) across the majority of developed countries.

CONCLUSION

The taxonomies are being introduced in order to improve quality in healthcare by providing a standardized terminology. This is happening amidst a shift towards patient-centered care. But is it possible to standardize and proceduralize the care that is supposed to be individualized?

There are many factors that should be considered in introducing the use of taxonomies in nursing. One of them are translations issues. Also, with the introduction of taxonomies nurses have to spend more time on administrative work and consequently less time with patients. Clark and Lang (1992) have argued that “if we cannot denominate it, we cannot control it, practice it, teach it, fund it or make it public”. While, on the other hand, Berg and Bowker (1997) suggest that “pure, quantifiable knowledge…is unattainable”. Thus a question arises: what offers a bigger advantage for patient-centered care – is it standardized and proceduralized care or rather a tacit knowledge?

We believe that the concept of tacit knowledge may be more appropriate for quality nursing.

References:
- General health insurance company in the Czech Republic (2014). Internal data.