The influence of standardized languages on nurses' autonomy

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Introduction

The increased use of automated information systems requires using standardized languages. In nursing, these languages facilitate the communication of clinical problems in a clear, precise or consistent manner (Beyea 1999).

Autonomy is a mastery over nursing practice. The use of standardized languages could be advantageous or disadvantageous for nurses' autonomy. As nurses are asking for more authority, responsibility and autonomous decision-making, nurses should use standardized languages in nursing practice as they reflect a mastery over their own practice. However, such autonomy is easily threatened when health information systems are used (Layman 2003). The purpose of this paper is to assess the influence of standardized languages on nurses' autonomy.

Literature review

There are increased uses of automated information systems and standardized languages. To meet the requirements of the escalating changes of health care systems, nurses are using these languages; thus they are asking for more autonomy.

Standardized languages

A standardized nursing language is a structured vocabulary that provides nurses with a unified means of communication (Beyea 1999).

In nursing, the development of standardized languages began over the last 25 years (Keenan 1999). The use of these languages started with the creation of the ‘diagnoses’ language by the North American Nursing Diagnosis Association (NANDA) (1996). Later, other
nursing languages were developed, which include but are not limited to: Nursing Management Minimum Data Set (NMMDS) and Nursing Minimum Data Set (NMDS) (Huber et al. 1992, Huber & Delaney 1997, 2001), Nursing Interventions Classification (NIC) (Dochterman McCloskey & Bulechek 2004) and Nursing Outcomes Classification (NOC) (Johnson & Maas 1998, Johnson et al. 2002, Moorhead et al. 2004). Johnson et al. (2004) mapped between NANDA, NIC and NOC.

Nursing languages for clinical practice have been recognized by the American Nurses Association’s (ANA) Committee for Nursing Practice Information Infrastructure (Beyea 1999). This committee requires that languages meet certain criteria. These include that the language: consists of clear and unambiguous terms, provides a clinically useful terminology, and includes a unique identifier for each term. Also, the developer of the language should provide evidence of reliability, validity and utility (Beyea 1999).

The International Classification for Nursing Practice (ICNP) has essential roles in defining standardized languages used in nursing practice. The ICNP provides a framework into which existing vocabularies and classifications are cross-mapped. The three primary elements of the ICNP are: (1) nursing phenomena (the focus of nursing ‘nursing diagnoses’); (2) nursing interventions (the actions or activities nurses perform); and (3) nursing outcomes (the results of nurses’ actions) (ICNP 2004). The objectives of the ICNP are: (1) establish a common language for describing nursing practice; (2) describe the nursing care of people in a variety of settings; (3) enable comparison of data across clinical settings; (4) demonstrate trends in the provision of nursing care; (5) stimulate nursing research through links to data available in nursing information systems; and (6) provide data about nursing practice (ICNP 2004).

The value of standardized nursing languages

Standardized languages have made unique contributions to the development of nursing knowledge. These languages aim to remove some of the impeding barriers encounter nurse while assessing, implementing and evaluating best nursing practice (Moorhead et al. 1998, Clingerman 1999a,b, Keenan 1999, Lee et al. 2000).

In health care settings, standardized nursing languages have many applications. For example, these languages can be combined with other data to determine staffing levels in relation to patient census, and identify the most effective nursing interventions (Keenan 1999, Keenan et al. 2003).

Each language has a structure for easy identification of standardized terms. The use of standardized languages is advantageous for nurses. These languages are important to bridge the gaps between different nursing practices (Moorhead et al. 1998, Keenan 1999, Clingerman 2000). In nursing, the use of standardized language facilitates communication within the discipline and with other professions.

Although the use of standardized languages has benefits, there are some reported methodological issues with using these languages in nursing. For example, the concept of patient satisfaction with care is missed from the elements of the NMDS, and measures of intervening contextual covariates are missed from the NMMDS (Huber & Delaney 2001, Mrayyan 2003). To include data in the NMDS and NMMDS, instruments have to be tested for validity, reliability and consistency across practice settings (Mrayyan 2003).

Nurses’ autonomy

Nurses strive to be autonomous. Nurses’ autonomous decision-making is a basic idea in the concept of autonomy (Berto & Cunha 2000, Krairiksh & Anthony 2001). Ashforth (1989) defined autonomy as individual’s freedom to have his/her own course of actions. Autonomy reflects the right to determine one’s own course of actions (Layman 2003). Hinshaw et al. (1987) defined autonomy as the position that allows individual decision-making. Staff nurses describe autonomy as a professional nursing function made up of a variety of activities and outcomes (Goode & Blegen 1993, McCloskey et al. 1994, Kramer & Schmalenberg 2003).

Autonomy is satisfying and fulfilling to nurses and patients. Several studies have examined the relationship between nurse autonomy and job satisfaction. Autonomy is reported as the strongest predictor of job satisfaction (Price & Mueller 1986, O’Rouke et al. 2000, Upenieks 2000, Finn 2001, McGillis Hall 2003). In general, autonomous and satisfied nurses are likely to retain their jobs. Moreover, autonomy is reported to be the most important factor that increase nurses’ productivity and improve the quality of nursing care (Kramer & Schmalenberg 2003).

The effect of standardized languages on nurses’ autonomy

The effect of standardized languages on nurses’ autonomy is debatable. While it is reported that the use of standardized languages hinder autonomy (Layman 2003), the current author assumes that the use of...
standardized languages may promote nurses’ autonomy. Layman (2003) reported that it is easy to threaten autonomy with the use of electronic storage of health data and health information systems. Also, loss of autonomy is a real risk when data sets replace interactions with patients (Layman 2003).

On the contrary, the development of nursing standardized languages has provided nurses with tools to help them to be autonomous and visible. Standardized languages have the potential to demonstrate nurses’ contributions, influence practice and facilitate critical thinking. Since standardized languages could be tools for identifying nurse autonomous practices, the use of standardized languages would help nurses to use their knowledge and experience to evaluate their practices. This reflects a self-mastery over own practice, which is an aspect of autonomy (Ashforth 1989).

Nurses’ autonomy involves deciding for the benefits of patients (Kramer & Schmalenberg 2003). It is expected that autonomous nurses give specific and detailed information concerning their activities. These nurses are also capable of evaluating the outcomes of these activities.

In conclusion, standardized languages have become a valuable resource that accompanies the majority of nurses in multiple clinical settings. Nurses who use standardized languages recognize their benefits, which include providing a mechanism to clearly define and evaluate nursing care while promoting the continuity of care.

Conclusion

With the increased uses of automated information systems, the uses of standardized languages have increased. The literature included a limited number of studies, which linked standardized languages to nurses’ autonomy. There is no one single strategy to increase nurses’ autonomy; however, the use of standardized languages is one of the best strategies to be used in health care organizations.

To eliminate the differences between nurses in practice settings, standardized languages should be used, expanded and maintained. The use of standardized languages is a mastery of nurses over their practice settings, which may indicate autonomy in practice.

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References


