Enferm Intensiva. 2018;29(2):51–52

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EDITORIAL

When words are needed☆

Cuando no sobran las palabras

We often use the rhetorical device in Spanish ''*Sobran las palabras*'' (''when no words are needed'') to express the futility of speech when faced with certain facts or situations for which non-verbal communication is much more effective. We know that a large part of human communication is through the exchange of non-verbal messages. As nurses, we are well aware of the practical use and benefits of silence, of images, body position and proxemics and we seek to preserve the value of touch, a glance in giving an overview of the process of care for each patient and their family. At the same time, we are aware that we are in an era of evidence-based practice and that the times of Big Data and huge advances in artificial intelligence are approaching.[1,2]

Nurses, and particularly intensive care nurses, have historically been ''great generators and consumers of information and knowledge''[3] and therefore we must now be one of the best-positioned groups in health care. And although our profession and our disciplinary knowledge has grown very significantly thanks to the efforts of a great many professionals in care practice, research and other areas, the visibility and recognition of the contribution of nursing services and their impact on health outcomes–including mortality, comorbidities and disability–remain rather weak. In some (or many) cases the old practices and routines are given preference over transferring nursing and multidisciplinary scientific research results to the bedside and making evidence-based clinical and management decisions.

As in all fields of human knowledge, information generation on care provision and its outcomes requires language systems and information technology. And, as in all the scientific disciplines, there is no unique, standardised language system in nursing, although it may often appear otherwise.''ATIC'' terminology, the Spanish acronym for ''Architecture, Terminology, Interface and Knowledge'', is controlled nursing vocabulary that has been used in various hospitals and social health centres for more than a decade.[4–6]

As an interface language, ATIC contains concepts that are expressed using terms that are close to the natural language used by healthcare professionals. These concepts are subjected to theoretical refinement, evaluation of the scientific production that supports them as part of knowledge and within nurses' area of responsibility.[4–6]

Unlike the traditional classification systems, the terms in ATIC have a low degree of abstraction and a higher level of specificity or specification. Thus, for example, ATIC contains diagnoses such as ''risk of multi-organ failure'', ''transfusion reaction'', ''increased intracranial pressure'', ''desaturation'' or ''delirium'' to facilitate precise recording of the nurse's clinical judgement, contribute towards ensuring patient safety and to enable interprofessional communication.[4] All of these diagnoses are based on analysis of scientific nursing production in terms of volume, types of studies and areas of disciplinary interest.

In addition to the studies evaluating the validity of this terminology,[5,7,8] several articles have been published on its use in practice.[9–12] The first article evaluated the use of ATIC diagnoses in a population of hospitalised patients with a sample of more than 240,000 patients.[9] A further article included an analysis on psycho-emotional and communication interventions in a sample of 150,000 hospitalised patients and their families.[10] Subsequently, the use of elements included in the ATC evaluation axis in the prevention of delirium in the elderly was studied.[11] Another study evaluated the impact on clinical safety of using the ATIC in terms of precision and thoroughness, and the representativeness of the list of diagnoses, interventions and outcomes.[12] A recent study describes the use of ATIC diagnoses in monitoring vital signs and other parameters, and patient outcomes in terms of mortality and admission to intensive care units.[13]

DOI of original article: https://doi.org/10.1016/j.enfi.2018.04.001

☆ Please cite this article as: Juvé-Udina ME. Cuando no sobran las palabras. Enferm Intensiva. 2018. https://doi.org/10.1016/j.enfi.2018.04.001

Critical care nurses have expressed the need to improve the terminological systems that reflect their observations, opinions and interventions.[14]

In fact, a search in Pubmed of the keywords ''Critical Care Nursing'' and ''Nursing diagnosis'' returned only 22 results, from 1989 to 2018. The most frequently cited diagnoses in these papers are ''impaired gas exchange'' and ''impaired skin integrity''.

I believe that the knowledge, judgement and clinical expertise of intensive care nurses merit representation that is nearer to the care reality in the disciplinary languages.

Even though many may think that recording nursing diagnoses or clinical opinions in intensive care is not important, and some nurses might consider ATIC terminology redundant for reasons that I will not go into here, I stress again that words are needed.

Every language system has its uses. Classifications are controlled, disciplinary languages that systematically add nested data to mutually exclusive groups or classes.[5,7] They were not created to be used for entering data into care information systems, but to be used for the purposes of data exploitation and aggregation. By contrast, interface vocabularies were created to facilitate interaction between the colloquial use by the practitioner of descriptors of a patient's condition (or of his/her opinions and actions) and the need for structured codes and data in the information systems

ATIC is a nursing interface terminology, and as such, is useful in recording nursing observations, opinions and interventions at the bedside.

Words are needed. We all need them.

Electronic resources

Juvé-Udina ME. La terminología ATIC [accessed 18 Mar2018]. Available from: http://www.atic.com.es/

Juvé-Udina ME. ATIC App para IOS® y Android®.

References

1. Moreno MT. INVESTEN 20 años. Una historia contada desde dentro. Madrid: Ed. El libro de su vida; 2016.
2. Westra BL, Clancy TR, Sensmeier J, Warren JJ, Weaver C, Delaney CW. Big data science. Implications for nurse leaders. Nurs Admin Q. 2015;39:304–10.
3. Matney S, Brewster PJ, Sward K, Cloyes KG, Staggers N. Philosophical approaches to nursing informatics Data-Information-Knowledge-Wisdom framework. Adv Nurs Sci. 2011;34:6–18.
4. Juvé-Udina ME. La Terminología ATIC. Barcelona: Naaxpot SLU; 2016.
5. Juvé-Udina ME [Tesis doctoral] Evaluación de la validez de una terminología de interfase. Universidad de Barcelona; 2012.
6. Juvé-Udina ME, editor. Plans de cures estandarditzats per malalts hospitalitzats. Generalitat de Catalunya. Departament de Salut, Institut Català de la Salut; 2013. Available from: http://ics.gencat.cat/web/.content/documents/Planscures.pdf
7. Juvé-Udina ME. Evaluación inductiva de la estructura de una terminología de interfase: conceptualización del proceso enfermero. Nursing (Lond). 2012;30:62–6.
8. Juvé-Udina ME, Gonzalez-Samartino M, Matud-Calvo C. Mapping the diagnosis axis of an interface terminology to the NANDA International Taxonomy. ISRN Nurs. 2012. ID676905 6p. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3399394/
9. Juvé-Udina ME. What patients'problems do nurses e-chart? Longitudinal study to evaluate the usability of an interface terminology. Int J Nurs Stud. 2013;50:1698–710.
10. Juvé-Udina ME, Zuriguel-Perez E, Fabrellas-Padrés N, Gonzalez-Samartino M, Romero-García M, Castellà-Creus M, et al. Basic nursing care: Retrospective evaluation of communication and psychosocial interventions documented by nurses in the acute care setting. J Nurs Scholarsh. 2014;46:65–72.
11. Solà-Miravete E [Tesis Doctoral] Valoración enfermera y factores de riesgo en la prevención del delirio en la persona de edad avanzada hospitalizada. Universitat Rovira i Virgili; 2017.
12. Gonzalez-Samartino M [Tesis Doctoral] Influencia del uso de la terminología ATIC en la seguridad de los enfermos ingresados: impacto en la comunicación profesional y los resultados clínicos. Universitat de Barcelona; 2017.
13. Juvé-Udina ME, Fabrellas-Padrés N, Adamuz-Tomás J, Cadenas-Gonzalez S, Gonzalez-Samartino M, de la Cueva-Ariza L, et al. Surveillance nursing diagnoses, ongoing assessment and outcomes on in-patients who suffered a cardiorespiratory arrest. Rev Esc Enferm USP. 2018;51:e03286.
14. Cachón-Pérez JM, Álvarez-López C, Palacios-Ceña D. El significado del lenguaje estandarizado NANDA-NIC-NOC en las enfermeras de cuidados intensivos madrileñas: abordaje fenomenológico. Enferm Intensiva. 2012;23:68–76.

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