Enferm Intensiva. 2018;29(4):147–148

Enfermería Intensiva

www.elsevier.es/ei

EDITORIAL

Thought, language and care☆

Pensamiento, lenguaje y *cuidado*

It is well known that thought and language are deeply linked. People speak to express their ideas and think using their language, and language is also closely related to one's personal conception of the world. And classifications seek to structure reality and establish relationships between the elements that form them and, in classifying reality, individual perceptions are modulated and acquire significance according to collective consciousness. Thus, it can be claimed that language does not work as a tool, but as a way of creating experience for its speakers and providing forms of analysing this experience in meaningful categories. Every language, therefore, defines a unique cultural and social universe for those that use it. Hence the importance of standardised nursing languages that enable us to generate nursing science, and that are decisive in constructing the nursing identity and defining clinical practice: languages with which to think and construct and therefore *care*.[1]

In reality we find that, although some nurses are convinced that nursing languages promote the development of the discipline and professional autonomy, others do not share this view because they do not consider them clearly relevant to situations and care in daily practice. They also suggest difficulties in thinking conceptually in terms of nursing languages, which are further complicated, in their opinion, by the constant updating of standardised nursing languages, making them even more difficult to learn. In addition, some feel that medical knowledge might more precise when referring to care.[2] Admittedly, the practice domains and body of knowledge of doctors and those of nurses are clearly distinct and therefore it is essential to be able to differentiate the contribution of each professional group to patient outcomes, and also be clear about which concepts relate to and which are unique to each profession.[3]

Our review of the literature revealed different classifications of standardised nursing languages: NANDA, NOC, NIC, ATIC, CIPE, FinCC, OMAHA. Some, like the NANDA-NOC-NIC (NNN) classifications can be considered hegemonic at the moment, and are even underpinned by law in Spain within the minimum set of data that must be included in clinical reports in the National Health System.[4] Most studies on the different nursing languages show that the NNN classifications are currently the best option, because they are the best at covering the characteristics that a classification must fulfil, are widely used across the world, and the volume of research studies on them is very much greater than any other language. All of the above is essential if we are to ensure that these languages have a shared meaning over time that facilitates their use and continuous improvement by nurses.[5,6] We know that they are not flawless and finished products, but we do consider them to be the most appropriate classifications currently available to us to document nursing care.

The continuous advance of information and communication technologies involves the use of electronic clinical history systems, and therefore it is essential to use standardised nursing languages to record, recover and use information that relates to care. This will also enable us to standardise and obtain useful data for health management which will highlight the contribution of nurses to the health systems. This is essential in an environment where resources are limited and where quality, safety, effectiveness, efficiency, etc., very often determine health policies.[7]

Research into standardised nursing languages has evolved over the years. At first basic research studies were undertaken on the nursing process, nursing diagnoses and the implementation of taxonomies. Subsequently, studies on the NIC and NOC, and NNN as a whole have gradually appeared.[8] In addition, nursing languages, specifically the NIC classification, are proving useful in classifying patients in terms of the complexity of the care they require or to determine the need for nursing human resources according to the time required to perform nursing interventions, gathered from studies performed on patients admitted to ICU.[9]

DOI of original article: https://doi.org/10.1016/j.enfi.2018.10.001

☆ Please cite this article as: Martín-Iglesias S, Fernández Flórez R. Pensamiento, lenguaje y *cuidado*. Enferm Intensiva. 2018;29:147–148.

All of the above has enabled literature reviews that summarise non-experimental studies well, but there is still a major shortage of experimental studies. In this regard, the lack is striking of research studies that demonstrate how the use of standardised nursing terminologies impacts patient outcomes.[5] Some studies have been performed in Spain seeking to assess the effectiveness of using the nursing process and conclude that using standardised nursing languages does affect patient health outcomes.[10,11] This is what is relevant along with our potential as health professionals, because we as nurses are effective and efficient.

Care and the language of care are the responsibility of nurses. We must learn it, teach it, construct and refine it based on research and the best available evidence, without forgetting that the ultimate goal is their application and usefulness in clinical practice and to improve the care of people and health outcomes; they would make no sense otherwise. For all of this to be possible, nurses must share a common, recognisable language that is acknowledged by other health professionals. Therefore, all nurses must continue to work towards ensuring that our language becomes an increasingly evident reality.

References

1. Martín-Iglesias S. Deconstruyendo los lenguajes enfermeros. In: XII Simposium Internacional de AENTDE: 24 y 25 de mayo de 2018, Cádiz, España. Cádiz: Asociación Española de Nomenclatura, Taxonomía y Diagnósticos de Enfermería (AENTDE); 2018.
2. Halverson EL, Beetcher EL, Scherb CA, Olsen G, Frost M, Orth K. Minnesota nurses' perceptions of nursing diagnoses. Int J Nurs Terminol Classif. 2011;22:123–32, http://dx.doi.org/10.1111/j.1744-618X. 2011.01180.x. Epub 2011 Apr 20.
3. Boyd AD, Dunn Lopez K, Lugaresi C, Macieira T, Sousa V, Acharya S, et al. Physician nurse care: a new use of UMLS to measure professional contribution. Int J Med Inform. 2018;113:63–71, http://dx.doi.org/10.1016/j.ijmedinf.2018.02.002. Epub 2018 Feb 9.
4. Real Decreto 1093/2010, de 3 de septiembre, por el que se aprueba el conjunto mínimo de datos de los informes clínicos en el Sistema Nacional de Salud. Boletín Oficial del Estado, núm. 225. p. 78742-67.
5. Tastan S, Linch GC, Keenan GM, Stifter J, McKinney D, Fahey L, et al. Evidence for the existing American Nurses Association-recognized standardized nursing terminologies: a systematic review. Int J Nurs Stud. 2014, http://dx.doi.org/10.1016/j.ijnurstu.2013.12.004.
6. Müller-Staub M. Criteria and evaluation of classifications. In: Sheerin F, Sermeus W, Ehrenberg A, editors. Proceedings of the 10th European conference of ACENDIO. Dublin; 2015. p. 16–8.
7. Martín-Iglesias S. Presente y futuro de los lenguajes enfermeros. In: X Simposium Internacional de AENTDE: 3 y 4 de abril de 2014, Sevilla, España. Sevilla: Asociación Española de Nomenclatura, Taxonomía y Diagnósticos de Enfermería (AENTDE); 2014.
8. Guirao-Goris SJ, Lluch-Canut MT, Martín-Iglesias S, Quero-Rufián A, Roldán Merino JF. Nursing taxonomies in Spain: research themes presented at the AENTDE conferences over a 16-year period. Int J Nurs Knowl. 2016, http://dx.doi.org/10.1111/2047-3095.12130.
9. Palomar-Aumatell X, Subirana M, Milà-Villarroel R. Critical care nursing interventions and the time required for their completion in Intensive Care Units: a Delphi study. Intensive Crit Care Nurs [Internet]. 2017;43:87–93. Available from: http://linkinghub.elsevier.com/retrieve/pii/S0964339717300344 [cited 23.08.17].
10. Cárdenas-Valladolid J, Salinero-Fort MA, Gómez-Campelo P, de Burgos-Lunar C, Abánades-Herranz JC, Arnal-Selfa R, et al. Effectiveness of standardized Nursing Care Plans in health outcomes in patients with type 2 Diabetes Mellitus: a two-year prospective follow-up study. PLoS One. 2012;7:e43870, http://dx.doi.org/10.1371/journal.pone.0043870. Epub 2012 Aug 27.
11. Pérez Rivas FJ, Martín-Iglesias S, Pacheco Del Cerro JL, Minguet Arenas C, García López M, Beamud Lagos M. Effectiveness of nursing process use in primary care. Int J Nurs Knowl. 2015, http://dx.doi.org/10.1111/2047-3095.12073.

S. Martín-Iglesias (MSN, RN)*, R.F. Fernández Flórez (RN)
Asociación Española de Nomenclatura, Taxonomía y Diagnóstico de Enfermería (AENTDE), Spain

*Corresponding author.
E-mail address: aentde@aentde.com (S. Martín-Iglesias).