Teaching NANDA-I to working nurses and its impact on the quality of nursing documentation

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The training
16-hour training sessions took place in the hospitals.

The aim of the training:
Giving an overview about the philosophical foundations of NANDA I, its structure, the nursing diagnosis and implementing and documenting them in nursing practice.

Short description of the training:
Stages and nature of nursing process, the nature of NANDA I II taxonomy. Different types of nursing diagnosis and ranking them according to their importance. Planning the nursing activities: goal formulation and putting together the nursing plan.

Topics covered:
1. The stages and nature of nursing process.
2. The nature of NANDA I II taxonomy.
3. The classes and domains of NANDA taxonomy
4. Diagnostic focus. Types (concepts) of nursing diagnosis.
5. Nursing diagnosis basics, principles of nursing diagnosis
7. The nursing process and nursing care plan

The basis of a nursing plan in a specific hospital was used in training.

Before training:
Problem-centered nursing diagnosis
Insufficient related factors
Insufficient defining characteristics

After training:
Health promoting nursing diagnosis
The quality of nursing history
The use of defining characteristics

Results
The results from the Children’s Hospital of Tallinn showed the biggest improvements in nursing history, the usage of nursing diagnosis and in the assessment of process and results. As NIC and NOC were not yet translated into Estonia during the research, it was evident that defining the interventions and results without evidence-based classifiers was difficult for the nurses.

At West Tallinn Central Hospital, the quality of nursing documentation was being assessed after the first NANDA-I training and then after the second training. After the second training the quality and quantity of nursing documentation improved. As both of the hospitals use the electronic database, there were no changes in readability before and after the training.

Impact
Since the trainings were conducted on a departmental basis, it helped to introduce NANDA-I nursing diagnoses across the entire hospital at the same time. This improved the quality of nursing documentation in both hospitals.

References

Study purpose
In Estonia the filling of nursing documentation is of uneven quality, and it might affect the quality of nursing aid as a whole. Also, the documentation and clinical care are kept separately, and many nurses do not consider the documentation as part of the nursing process.

Methodology
At Tallinn Health Care College two applied researches have been carried out that have been ordered by the Children’s hospital of Tallinn and the West Tallinn Central Hospital. In total 24 dissertations have been written related to these researches. In both of the hospitals the filling of the nursing documentation was assessed prior and after the NANDA-I training. The following fields were being assessed: the structure of nursing documentation, nursing anamnesis, nursing diagnosis, nursing interventions, the assessment of process and results and the readability of documentation. The results from the Children’s Hospital of Tallinn showed the biggest improvements in nursing history, the usage of nursing diagnosis and in the assessment of process and results. As NIC and NOC were not yet translated into Estonia during the research, it was evident that defining the interventions and results without evidence-based classifiers was difficult for the nurses.

At West Tallinn Central Hospital, the quality of nursing documentation was being assessed after the first NANDA-I training and then after the second training. After the second training the quality and quantity of nursing documentation improved. As both of the hospitals use the electronic database, there were no changes in readability before and after the training.

D-catch instrument was used to gather data of the research.

Introduction
Estonia is a small country where there are slightly less than 9000 nurses currently working. NANDA-I has been used in nursing studies since 2012. By 2022 most of the Estonian nurses have been studying NANDA-I in the basic programs at the health care colleges or have completed advanced training about it at the health care colleges.

Study purpose / aims
- In Estonia the filling of nursing documentation is of uneven quality, and it might affect the quality of nursing aid as a whole.
- The documentation and clinical care are kept separately, and many nurses do not consider the documentation as part of the nursing process.
- The results from the Children’s Hospital of Tallinn showed the biggest improvements in nursing history, the usage of nursing diagnosis and in the assessment of process and results. As NIC and NOC were not yet translated into Estonia during the research, it was evident that defining the interventions and results without evidence-based classifiers was difficult for the nurses.
- At West Tallinn Central Hospital, the quality of nursing documentation was being assessed after the first NANDA-I training and then after the second training. After the second training the quality and quantity of nursing documentation improved. As both of the hospitals use the electronic database, there were no changes in readability before and after the training.
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References