



Nurses Attitude and Barriers toward Utilization of Standardized Nursing Language in Sokoto State, Nigeria

Abdurrahman Muhammad Sani^{1*} and Suwaiba Sani²

¹Department of Nursing Sciences, College of Health Science, Usmanu Danfodiyo University, Sokoto, Nigeria.

²Department of Nursing Services, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria.

Authors' contributions

This work was carried out in collaboration between both authors. Author AMS designed the study, wrote the protocol and drafted the manuscript while author SS administered the instrument, conducted the data analysis and literature search. Both authors read and approved the final manuscript.

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ABSTRACT

Background: The use of standardized nursing language for nursing care documentation is a vital instrument to the nursing profession, patients care and nurses in general. Clinical information system requires standardized terms and definitions to help clinicians with documentation in nursing. The future of nursing depends on the systematic efforts to label and define nursing contributions to healthcare using standardized nursing languages.

Aim: This study investigates nurses' attitudes and barriers toward utilization of standardized nursing language among nurses in Sokoto, Nigeria.

Methodology: This study employs a quantitative descriptive design using questionnaire as an instrument for data collection with a sample size of 250 nurses in Sokoto.

*Corresponding author: E-mail: abdulsani19@gmail.com;

Results: Findings of this study show that, there is poor utilization of standardized nursing language (12.6%) with positive attitude toward utilization of standardized nursing language (83.5%). Moreover, the poor utilization is associated with lack of hospital policy, inadequate knowledge, and shortage of nursing staff in the hospitals.

Conclusion: There is a need for the hospital management to implement policies on standardized nursing language and educate the nursing staff on the use of standardized nursing language in Sokoto.

Keywords: Standardized nursing language; attitude; barriers; utilization; Sokoto.

1. INTRODUCTION

Language in nursing has rarely communicated the same clinical problem in a clear, precise or consistent manner [1]. Clinical information system required standardized terms and definitions to assist clinicians with documentation in nursing [1,2]. The future of nursing depends on the systematic efforts to label and define nursing contributions to healthcare delivery system. Standardized nursing language provides a structure to manage nursing data in a computerized patient record [1]. This ensures that nursing contributions are integral component of any health record. This is especially important as nursing is a patient advocate profession [1–3].

The use of standardized nursing language in nursing care documentation is vital to the nursing profession and the nurses in general [4]. According to Keenan, standardized nursing language is defined as a common language that is readily understood by all nurses to describe patients' care [5]. Standardized nursing language provides nurses with a common means of expressing care and communication among nurses [4]. Nurses from different countries, states, regions, hospitals, or units can use common nursing terminologies to understand and provide nursing care.

Currently, there are thirteen standardized nursing languages (SNL) approved by American Nurses Association (ANA). Of these, ten are considered specific to nursing care [4]. One of the SNL has been retired, two are minimum data sets, seven are nursing specific and two are interdisciplinary [4]. The three most commonly used standardized nursing languages are North American Nursing Diagnosis Association (NANDA), Nursing Intervention Classification (NIC) and Nursing Outcome Classification (NOC) [4]. Moreover, the International Council of Nurses (ICN) has developed its own standardized nursing language called International Classification for Nursing Practice (ICNP) [4].

The use of standardized nursing language has many benefits to the profession, nurses, and patients/clients [4]. Some of the benefits include; better communication among nurses and other healthcare providers, increased visibility of nursing profession, improved patient care, enhanced data collection to evaluate nursing care outcomes, greater adherence to standards of care, and facilitates assessment of nursing competency [3–6].

Attitude is the expression of favour or disfavour toward a person, place, thing or event. Eagly and Chaiken defined attitude as a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour [7]. An attitude can be expressed in forms of positive or negative feeling toward a particular thing [7]. Standardized nursing language is a growing area in nursing profession. Few studies have been conducted to assess the nurses' attitude toward the utilization of standardized nursing language [8–10]. Most nurses have good attitude toward the utilization of NANDA, NIC, and NOC than other frameworks [2,10,11]. The nurses' attitude towards these three frameworks is associated with their familiarity and knowledge towards these frameworks [9,10,12].

Moreover, study conducted in Iceland to assess nurses attitudes toward the use of NANDA, NIC and NOC found that, there is a positive attitude towards the use of these three frameworks. 85% of Icelandic nurses viewed that it is very important to use standardized nursing language in order to improve patients' care [8].

NANDA framework is a useful tool both in research, education and clinical practice [8]. American nurses have positive attitude toward utilization of standardized nursing language [10]. NANDA constitute the highest percentage of the positive attitude followed by NIC and NOC [10]. Most of the respondents would like to continue using NANDA, NIC or NOC [10].

On the other hand, nursing students have positive attitude toward standardized nursing language and positive tendency to utilize the standardized nursing language in the future [9]. This is because 80% of the students agreed to teach clinical nurses the use of standardized nursing languages if given such responsibility [9].

Barriers are inhibitors towards the utilization of standardized nursing language among nurses. Lack of hospital policy on the use of standardized nursing language has been identified as a barrier [6]. In a study conducted by Thoroddsen and Ehnfors, shows that there is a significant improvement in the Functional Health Pattern (FHP) for documentation of nursing assessment, NANDA for nursing diagnosis and NIC for nursing intervention [6]. Therefore, at all level of the organization putting policy regarding the use of standardized nursing languages improve its utilization and reduces the barriers to implementation [3,5].

According to some studies, lack of knowledge of standardized nursing languages has been found to serve as a barrier towards the implementation of standardized nursing language [9,12]. This is similar to the findings of Schwiran and Thede, who reported that majority of nurses had inadequate knowledge of any standardized nursing language [10]. Therefore, lack of knowledge of standardized nursing language is a major barrier towards its utilization [12].

There are few studies conducted in Nigeria to explore the utilization of SNL. A study conducted in Sokoto shows that there is average knowledge of SNL among nurses but associated with poor utilization [12]. Therefore, there is a need to examine the nurses' attitude and barriers toward the utilization of standardized nursing language in Sokoto, Nigeria.

2. METHODOLOGY

A descriptive cross-sectional survey design was employed in this study to investigate the nurses' attitude and barriers toward utilization of standardized nursing language in Sokoto, Nigeria. Sokoto is a city located between the confluences of River Sokoto and Rima River. It is regarded as the Seat of the Caliphate and the capital city of Sokoto state. There are several health care institutions in Sokoto. The data was collected from the following institutions: Usmanu Danfodiyo University Teaching Hospital (UDUTH), Specialist Hospital Sokoto, Maryam

Abacha Women and Children Hospital, WCWC, Noma Hospital and two primary health care centres. The study population comprises of all the 912 nurses working in government institutions of Sokoto. The exclusion criteria were nurses on maternity leave, annual leave, study leave or sick leave at the time of data collection. Newly employed nurses of less than three months and those working in the private healthcare institutions were excluded. The private hospitals were excluded because most of them are clinic based and the researchers' observation and anecdotal evidence shows that nursing process is neither available nor utilized.

A sample size of 250 was calculated using sample size calculator Raosoft[®] at 95% confidence level and 5% margin of error. This gives a sample of 238 and was rounded to 250 to account for non-response. Proportionate and systematic sampling techniques were used to choose participants. The proportion was used based on the number of nurses in the selected hospitals while systematic sampling technique was used to select the nurses in the hospital or unit. The first nurse of each ward/unit roster was selected randomly and each third person was choosing systematically from the roster.

A structured questionnaire developed for this study after extensive review of the literature was used for data collection. The questionnaire has four sections with 36 items: sociodemographic, knowledge of SNL, utilization of SNL, attitude and barriers toward the utilization of SNL. The questionnaire was reviewed by three senior academicians of Usmanu Danfodiyo University, Sokoto. The questionnaire was piloted among nurses of Sir Yahaya Memorial Hospital Birnin Kebbi and Murtala Muhammad Specialist Hospital Sokoto. These hospitals have similar setting with the study area. The piloted study was used to assess the validity and reliability of the instrument. Changes were made after testing the instrument for language clarity on 8 items in section B (3), C (3) and D (2). The Cronbach's alpha of the piloted study was 0.75.

Ethical approval was obtained from Research and Ethics Committee of UDUTH Sokoto. Permission was sought from hospitals management of the selected hospitals. The research purpose was explained to the participant and an informed consent was obtained. The collected data was analysed using Statistical Package for Social Sciences (SPSS version 20.0).

3. RESULTS

Two hundred and fifty (250) copies of questionnaire were administered to the respondents, but only 236 were returned and 6 were not completely filled as such were not analyzed. Therefore, only 230 completely filled questionnaires were analysed. This represents a response rate of 92%.

3.1 Attitude toward the Utilization of Standardized Nursing Language

Table 1 shows nurses' utilization and attitude toward standardized nursing language. Approximately eighty seven percent (87.4%) did not utilize standardized nursing language in their practice. Among the 12.6% of the nurses that utilized standardized nursing language in their practice, 41.4% used it in the management of critically ill patients. This indicates that there is poor utilization of standardized nursing language among nurses in Sokoto. Meanwhile, majority (60.4%) of the nurses agreed that the use of standardized nursing language is effective in promoting patients care.

Furthermore, majority (83.5%) of the respondents agreed to accept the policy on

standardized nursing language in their area of clinical practice.

Most (80.8%) of the respondents had agreed to implement the policy on standardized nursing language. Those that agreed to implement the policy will do it in the following manner: give priority to implementation (31.7%), feel good about implementation (22.6%) and 26.5% will favour the implementation.

Moreover, nurses had positive attitude toward the utilization of standardized nursing language in their area of clinical practice as 83.5% favoured the policy on standardized nursing language and its implementation as indicated in Table 1.

3.2 Barriers towards the Utilization of Standardized Nursing Languages

Table 2 shows barriers towards utilization of standardized nursing language and ways of removing such barriers. Findings of this study shows that lack of knowledge (96.5%), lack of hospital policy (68.7%), inadequate research and publications (53.9%), shortage of staff (47.0%), nurses' negligence (28.7%) and lack of adequate funding of the programme (25.2%) as the

Table 1. Attitude toward the use of standardized nursing language

Variable	Response	Frequency	Percentage
Utilization of SNL in practice	Yes	29	12.6
	No	201	87.4
	Total	230	100
How often did you utilize SNL	Every patients	0	0.0
	Critically ill patients	12	41.4
	Some patients	9	31.0
	Once a while	8	27.6
	Never use it at all	0	0.0
	Total	29	100
SNL is effective in promoting care	Yes	139	60.4
	No	91	39.6
	Total	230	100
Policy on SLN in the hospital	Accept willingly	58	25.2
	Accept unwillingly	88	38.3
	Accept as necessity	46	20.0
	Reject	38	16.5
	Total	230	100
Implementation of SNL	Give it priority	73	31.7
	Feel good about it	52	22.6
	Feel bad about it	36	15.7
	Favour it	61	26.5
	Disfavor it	8	3.5
	Total	230	100

Table 2. Barriers toward the utilization of standardized nursing languages

Variable	Response	Frequency	Percentage
Barriers to the use of SNL	Lack of Knowledge	222	96.5
	Lack of policy	158	68.7
	Lack of funding	58	25.2
	Inadequate research	124	53.9
	Staff shortage	108	47.0
	Negligence of nurses	66	28.7
Removal of barriers	Hospital policy on SNL	178	77.4
	Educational programme	215	93.5
	Adequate staffing	143	62.1
	Books/Journals	206	89.6

barriers affecting the utilization of standardized nursing language. However, the respondents believed that these barriers can be eliminated through the following measures; formulation of hospital policy, formulation of educational programme, provision of reading materials and adequate staffing as indicated in Table 2.

4. DISCUSSION

Findings of this study show that there is poor utilization of standardized nursing languages among nurses in Sokoto. Only 12.6% of the respondents had utilized standardized nursing language in their practice and majority of them use it only once or occasionally in the nursing care of critically ill patients. This supports previous findings that there is low utilization of standardized nursing language among nurses [9,10]. Moreover, majority of the nurses agreed that standardized nursing language is important in promoting nursing care. This is similar to the findings of Bjornsdottir & Thorhallsdottir among Icelandic nurses [8]. This is because nurses in Sokoto have average knowledge of SNL [12] and have less than five years working experience.

Moreover, findings of this study show that majority of the nurses had positive attitude toward the use of standardized nursing language. This finding validates previous studies which show that nurses had positive attitude toward the use of standardized nursing language [6,9,10].

This study shows that utilization of standardized nursing language is affected by inadequate knowledge, lack of hospital policy, inadequate research and publications and shortage of staff. This is in line with previous documented findings [6,9,10,13]. However, the findings shows that these barriers can be eliminated through the provision of educational programmes, hospital policies, provision of books and journals, and

more research and publication on standardized nursing language, and provision of adequate nursing staff in the hospitals as indicated in previous findings [6,9,10,13,14].

5. CONCLUSION

Standardized nursing language is an emerging area in nursing profession and if effectively utilized can promote nursing profession and patients care in general. However, there is poor utilization of standardized nursing language among nurses in Sokoto, Nigeria, despite positive attitude toward the utilization of standardized nursing language. There are barriers that prevent the utilization of standardized nursing language, but these barriers can be removed through hospital policy formulation, educational programme, review of nursing curriculum, and adequate nursing manpower.

Therefore, there is a need for hospitals management to make policy on the implantation of standardized nursing language and the provision of educational programme to nurses on the utilization of standardized nursing language. More research is needed to assess the effectiveness and outcome of standardized nursing language in patients care. Professional nursing associations need to show their commitment toward utilization of SNL. There is need to include SNL in the nursing education curriculum and ensure its implementation.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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