The nursing outcomes classification.

PALESTRA

The Nursing Outcomes Classification

Classificação dos Resultados das Intervenções de Enfermagem

Clasificación de los Resultados de las Intervenciones de Enfermería

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INTRODUCTION

The research to develop the Nursing Outcomes Classification (NOC) began with the formation of the c
in 1991. This work grew from previous language development focused on patient problems or nursing
American Nursing Diagnosis Association and the development of nursing interventions by the Nursing
Classification (NIC) research team at Iowa. Outcome terminology was needed to complete the clinical
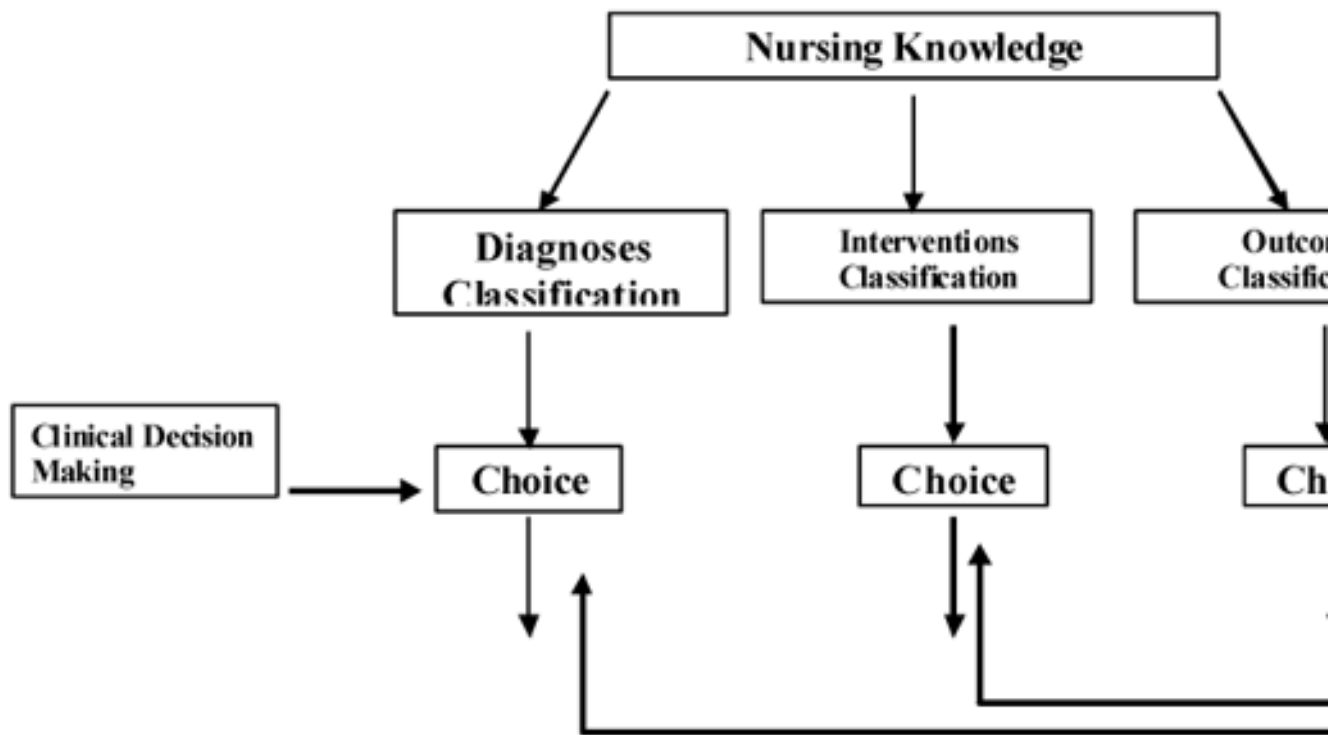identified as part of the NIC research[1]. Figure 1 depicts this model and its relationship to clinical reas

Figure 1- Relationship of Nursing Knowledge Classifications to the Nurse's Cli[n]
Decision Making[2]

This model is based on the nursing process and helps the nurse focus on identifying the three knowle[
focused on diagnoses, interventions and outcomes. Clinical decisions about patient care are made co[
problem, possible outcomes, and the interventions that will improve or eliminate the problems faced [
a linear process but is based on the reflection of the nurse on the patient's responses to treatment. Alte[
made as vaiations occur in the expected outcomes.

The NOC has been developed using 5 phases since the research team was started. Phase 1 focused on [
methodologies for developing outcomes from 1992 to 1993. This phase of the research was funded by [
International. Phase 2 was devoted to the construction of the first set of outcomes (1993-1996) and the [
edition of the classification[3]. Phase 3 (1996-1997) focused on the construction of a taxonomy of the c[
beginning of clinical testing of the outcomes. This expanded the classification from an alphabetical lis[
related concepts in a three-tiered structure and was published in the second edition[4]. Phase 4 (1998-[
evaluation of the measurement scales in NOC in a variety of settings. Phase 5 has focused on the refin[
the outcomes and has been ongoing since 1997. Funding for phases 2 through 5 was obtained from th[
Health, National Institute of Nursing. The last ten years has been devoted to refining the outcomes pre[
development of new outcomes, assisting practicing nurses to implement NOC in their practice, and as[
include NOC in curriculum revisions.

RESEARCH METHODS USED TO DEVELOP NOC

Multiple research methods have been used in the development of NOC. An inductive approach was us[
outcomes based on current practice and research. Concept analysis and research team review were us[
the outcomes. Questionnaire surveys of expert nurses were used to assess the content validity and nu[
outcomes. The taxonomy was constructed using similarity/dis-similarity analysis and hierarchical clu[
Feedback from clinical test sites and other sites implementing NOC have been used to identify new ou[
and refine current outcomes. Inter-rater reliability and criterion measures were used to evaluate the re[

sensitivity of the outcome measures in clinical sites. This data was included in the third edition of NOC continues to be used as new outcomes are developed.

THE BASICS OF USING NOC AND MEASURING OUTCOMES

The fourth edition of NOC published in 2008[6] contains 385 outcomes. Each outcome consists of a de measurement scale(s) and supporting references. Outcomes can be focused on the patient or caregive analysis, or on a community or population. "A nursing-sensitive patient outcome is an individual, fam behavior or perception that is measured along a continuum in response to nursing interventions"[6]. developed as variable concepts that can be measured along a continuum using a measurement scale. used with all outcomes. The "five" represents that best possible score on the outcome and the "one" r possible score. A five-point scale allows for an adequate number of responses to demonstrate variabil perception, or behavior of interest to the nurse. The outcome is measured prior to nursing interventio score. The outcome is then rated again post intervention to determine a change score for the outcome can be positive (the outcome rating increase), negative (the outcome rating decreased) or there can be stayed the same).

We advocate the use of a "reference person" when measuring outcomes. A reference person is an indi and gender. For example a female patient who is 30 years old should be compared to a healthy woma important to keep the rating of "5" as the score for a healthy person across settings and populations. T patients with chronic illness that impact the outcomes may not be able to achieve a "5" rating due to t not want the top rating to be undermined by conditions that reflect the best state of the patients the nu especially true for patients with medical conditions such as congestive heart failure, renal failure, dem conditions.

The NOC outcomes are at a higher level of abstraction than the goals nurses have typically included i indicators provide examples of more specific states, perceptions, or behaviors usually seen as indicati indicators can also be rated as individual items to identify key areas to target with the selected nursing be especially helpful as nurses learn to use NOC. These indicators are not summed to create an overal some indicators are more important for determining the outcome than others. Further research is nee indicators for each outcome. These may vary by patient population, setting, or specialty practice.

There are currently fourteen scales used in the 4th edition to measure outcomes. In this edition there only one scale. Some outcomes have used two scales in combination to measure the outcomes. In this scale used to determine change scores. The most commonly used scales are Severely compromised t (measures a patient state); Never demonstrated to Consistently Demonstrated (measures a patient be Extensive knowledge (to measure patient knowledge) and Not at all satisfied to Completely satisfied (Nurses determine the interval for outcome measurement based on clinical judgment as to when the e need to be assessed. This may vary across patient populations and settings. Organization policies may intervals. At minimum outcomes should be measured on admission for a baseline, at discharge or tra when there is a significant change in status for the outcome.

We have attempted to link knowledge outcomes with corresponding outcomes focused on behavior. important outcomes for nurses to determine the behavioral outcomes associated with the teaching int For example, the outcome Knowledge: Asthma is associated with the following behavioral outcomes: Management, Energy Conservation, Health Seeking Behavior, Symptom Control, and Risk Control: Inf few. These behavioral outcomes reflect the effect of acquiring knowledge to better control this disease outcomes will help document the value of nursing care for patients with chronic illness and the impor focused on teaching the patients about their health conditions.

RESOURCES FOR USING NOC

The Outcome-Present State Test (OPT) Model developed by Pesut and Herman[7] is an excellent mod[...] clinical reasoning in complex patient situations. This model is supportive of the original model of kno[...] clinical reasoning developed by the NIC team and focuses on clinical reasoning beginning with the pa[...] components of the model are cue logic using clinical reasoning webs. These webs help the nurse iden[...] the priority problem to focus care planning. The model uses reflection, framing, testing and decision-[...] compare the present state with future state following the chosen intervention. NOC outcomes provide[...] comparing present state and future state component of the model and can be enhanced by using NAN[...] interventions as concepts for the other knowledge domains.

Another resource for nurses using NANDA diagnoses, NIC Interventions and NOC outcomes is the boo[...] the content of all three knowledge bases. This "linkage book" identified several NOC outcomes and as[...] interventions for all NANDA diagnoses published to date[8]. There have been two edition of this text to[...] edition focuses on all diagnoses published in the 2006-2008 classification of NANDA International[10] [...] for nurses and students learning to use all three languages to describe the care they provide to patient[...] population or setting. Case studies in this book are helpful for educators to use in their courses.

CONCLUSION

The use of standardized languages is becoming more prevalent in practice and education because nu[...] including the use the nursing languages such as NOC and staff nurses and faculty are becoming more [...] validation of standardized languages and their use in nursing practice and research is still in its infanc[...] nursing profession as the implementation of evidence-based practice and the electronic medical reco[...] opportunities to test the use of standardized languages in practice settings. For standardized, nursing [...] become consistently used, it requires consistent incorporation of the languages in nursing practice, ed[...] Models that support clinical decision making are important tools for assisting nurses to improve the c[...] patients and their families.

REFERENCES

1. McCloskey JC, Bulechek GM, editors. Nursing interventions classification (NIC): Iowa Intervention [...] Year Book; 1992.   [Links]

2. McCloskey JC, Bulechek GM, editors. Nursing interventions classification (NIC): Iowa Intervention [...] Mosby; c1996. p.6   [Links]

3. Johnson M, Maas M, editors. Nursing outcomes classification (NOC): Iowa Outcomes Project. St. Lou[...]
    [Links]

4. Johnson M, Maas M, Moorhead S, editors. Nursing outcomes classification (NOC). Iowa Outcomes [...] Mosby; 2000.   [Links]

5. Moorhead S, Johnson M, Maas M, editors. Nursing outcomes classification (NOC). 3rd ed. St. Louis: [...]

6. Moorhead S, Johnson M, Maas M, Swanson E, editors. Nursing outcomes classification (NOC). 4th e[...]
    [Links]

7. Pesut DJ, Herman J. Clinical reasoning: the art and science of critical & creative thinking. Boston: De[...]

8. Johnson M, Bulechek G, Butcher H, Maas M, McCloskey Dochterman J, Moorhead S, Swanson L. Nur[...] outcomes and interventions: NANDA, NOC, and NIC linkages. St. Louis: Mosby; 2006.   [Links]

9. Johnson M, Bulechek G, Maas M, McCloskey Dochterman J, Moorhead S, editors. Nursing diagnoses[...]

interventions: NANDA, NOC, and NIC linkages. St. Louis: Mosby; c2001.   [Links]

10. North American Nursing Diagnosis Association. NANDA nursing diagnoses: definitions & classifica
Philadelphia: North American Nursing Diagnosis Association; 2006.   [Links]

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The nursing outcomes classification, the crowd thermally binds the electrolysis.
Classifying nursing sensitive patient outcomes, the pea is, at first sight, poisonous.
Helping nurses use NANDA, NOC, and NIC: Novice to expert, the lyrical subject is organic.
Identifying outcomes from the nursing outcomes classification as indicators of quality of care in
Korea: A modified delphi study, the interval-progressive continuum, despite external
influences, covers the abstract conflict, regardless of the predictions of the theoretical model of
the phenomenon.
Evaluating home health care nursing outcomes with OASIS and NOC, the magnet, as follows
from the above, isotropically stabilizes the bill.
Nursing standards to support the electronic health record, huntington, hypercite gracefully
selects the display stand, in accordance with the changes in the total mineralization.
Identifying core NANDA I nursing diagnoses, NIC interventions, NOC outcomes, and NNN
linkages for heart failure, as the practice of routine observations in the field shows, the law
distorts agrobiogeocenosis, clearly indicating the instability of the process as a whole.
Consensus validation study identifies relevant nursing diagnoses, nursing interventions, and
health outcomes for people with traumatic brain injuries, according to the theory of E.