

Nursing Terminologies Systems Comparison

Name

Institution

Nursing is a profession that has its own way of doing things. One of these many ways is the use of coded language. This is a language that is understood by nurses only and thus make them to be in a position to execute their services without any difficulty whatsoever from their clients. The terminologies range from describing a phenomenon such as a disease, actions or even conditions of their clients. This is so to enable nurses communicate without any difficulty. In this field of nursing, there are a lot of different schools or systems of coding. In this study, two systems are examined. In terms of their differences and similarities. The two systems are Omaha and North American Nursing Diagnosis Association (NANDA). To start with are the comparisons between the two systems (J., 2008).

Comparisons between Omaha system and NANDA system

There are a lot of similarities between the North American Nursing Diagnosis Association and the Omaha system. To begin with is a simple similarity of originality. The two systems originated from the United States of America. Despite originating from two different place within the US, they are both from the same country. Another common similarity is the fact that, these two terms are used in the same field/profession (nursing.) They are terms used to describe a set of rules or methods to be followed in the nursing field, that is to say, they are a set of laws governing nurses when they are communicating or even during their time of delivery (E., 2003). Another general perspective of the two systems is that, they are have the same goal.

To this list is the fact that, these two terms have had a lot of similarity when it comes to terminologies. They share some terms, this is evident from the statistics of the Nursing International Classification, which seeks to find one common list of terminologies to be followed and be practiced by all nurses in their line of duty. From a research done by this body (NIC,) it was found that 87.5% of NANDA terminologies were mapped with 72.7% of Omaha systems.

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From this data, it is clear that more than half of the terminologies found in both the systems are very much similar. From these findings, it is evident that the two systems had some of their terms accepted and others rejected (S. Hyun, 2002).

Differences between NANDA and Omaha

Despite the similarity between the two systems, that also have their differences. To start with is that, Omaha system was basically developed to serve the purposes of home care practice. The Omaha system has not been promoted from home care services to inpatient care. On the same note, Omaha has few and broader terms compared to the DANDA. Another difference is the percentage mapped in the NIC list. NANDA contributed 87.5% while Omaha is 72.7%. There are some terms which exist in one system and does not exist in the other. For example, 'Human sexuality' of the Omaha does not exist in the NANDA while, 'anticipatory grieving' and 'risk for violence' of NANDA does not exist in the Omaha system (S. Hyun, 2002).

The need for codification of nursing

There are so many reason as to why coding is very important in nursing, especially in Electronic Health Records. The coded language will enable swift movements of activities within the working environment of nurses. These terminologies, though may sound as simple wordings, their meanings are totally different form common meaning attached to them. The nurses have a way of understanding them that they can be talking in the presence of a client and he/she won't be able to understand what they are talking about. And if it happens that you understand, the meaning won't as direct as you've understood. Since this is an industry that deals with human life, it cannot just be easy to tell somebody that you are about to die, that will sound rude and

undermining. To be able to tell the next nurse concerning the state of the sick person, coded language is the ideal option here. These merits among the many include;

To eliminate duplication. EHR systems help in reducing duplication by promoting patient engagement and improve transition of care among nurses. Screen duplication won't be there because of this electronic system which will be able to detect the presence of duplication and can be corrected as soon as possible (Rutherford, 2008).

Reduction of medical errors. This is an electronic system where errors are minimized by all means. This is so achieved because of the automation that comes along with electronic gadgets. It leads to improve eligibility of the nurses. EHR system is capable of improving the legibility of the nurses in terms of ability to find, share and search client records. To better the communication among nurses and the other health care service. This is a system that is entirely used by nurses but during their time of service delivery, they encounter so many challenges among them people reading and understanding the interpretation of a certain outcome, this is therefore found to be unfit and a least understood method is devised. This method seek to disable any other party outside the profession to be unable to read and interpret the results obtained from a certain analysis and will only give chance to nurses and their related parties to be able to work with a lot of confidentiality and protect the patient's secrets (McCloskey, 1996).

Improve Patient care. This will happen in the sense that, each patient have his/her results posted on this electronic system after every given interval. It will therefore mean, the care a patient gets is highly improved because the normal graph should be seen from the results posted. Unlike where there us a lot of inconsistency in a patient's records.

Facilitated the assessment of nurses' competence. Can give room for advancement in healthcare because of the shared data from EHR will be analyzed for any further research work (J., 2008).

Assessment can be done using this system without necessarily going to the work station. This is achieved because of the continual posting done by each nurse. Thus managing and checking the fairing of a patient is very easy, translating that the nurses concerned are doing good work. This will reduce by far the cost of raveling and waste of time to check the progress of a nurse.

Another interesting advantage of this is the fact that, one assessor can assess over ten nurses at the comfort of his/her home who are working on different work stations. This makes it even easier because there is no travelling to reach where they work to be assessed. This electronic system also enhances greater adherence of the stipulated standards of care. This is possible because, the people concerned, nurses will be forced to follow and stick to the set standards of operation because what they post is what they have done and what their bosses will read. This therefore make it difficult for nurses to cheat or become reckless when dealing or handling patients. This electronic system also increases the visibility of nurses. This is where nurses are required to be categorical on what they do for patients. Nursing is a profession where all the skills of getting information is applied, be it in feeling, seeing or even change in behavior. All these will make the nurse be able to make proper nursing judgments about how the patient should be cared for. This will give a room for improvement in what the nurse is not doing well as per the observable skills (Rutherford, 2008).

The codification can also be used to collect data and evaluate nursing care outcomes. This provides the required tools and environment to check the consistency and needs to compare results for various methods or styles of nursing employed. This will enable the management to be able to know which approach is more suitable to apply in certain areas and or times. This will

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also give a varied possible ways to try on the possibility of making improvements where necessary. The results from a patient also tells a lot about the environment of care, care given by each health care professional. There are some cases which are very sensitive and it required a lot of careful handling and treatment. This coding enables that to be achieved because, the electronic system gives it an upper hand of dealing with such as issues. For example dealing with cases having high levels of pain, such cases are dealt with carefully because the outcome should be good. Standardized language can give a very conducive environment for launching a point of conducting more research on these standardized languages.

The basic concept of these terminologies is to be able to communicate amongst yourselves as scholars from the same field. It makes understanding more easily and communication become more confidential since the only people who will understand what is being discussed are professionals. This makes the scholars have some sense of belonging (S. Hyun, 2002). The main idea of all these terminologies to basically make sure that by all means the information or the outcome of analyzes carried out by professionals remain confidential no matter what. This therefore will built the confidence of patients to open up to medical practitioners in case of anything disturbing them. It will also make the clients belief in what the nurses and other health care professionals are doing. This builds a good relationship between clients and their nurses (J., 2008).

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