

EDITORIAL

Scientific method and standardized nursing language

The need for implementing the scientific method in correctional nursing everyday practice should have become a reality nowadays.

Nursing as an activity dates practically back to the beginning of humanity, since there have always been people unable to look after themselves and therefore the need to take care of them has always existed.

By the middle of last century this millennial care art becomes an acknowledged science and as such it has its own scientific method which gives further rigour to the professional practice of nursing. This methodology, applicable to any discipline, includes a series of essential steps which are: research of information, detection of problems, the proposal of results, intervention and evaluation. In nursing, all these elements can be found in what we call the Nursing Care Process (NP).

This process currently uses its own language, the Standardized Nursing Language (SNL) the benefits of which are extended to the fields of research, teaching, health care practice and management.

The proposed language is based on a series of functional patterns known as Marjory Gordon's functional patterns 1 which facilitate the aggregation of data in what we know as the NANDA list of nursing diagnosis (North American Nursing Diagnosis Classification). The NANDA classification is structured around taxonomy which counts upon domains, classes and diagnoses. NANDA diagnoses² gather health issues according to their definition, etiology and defining features. Later, Nursing Interventions are defined as those measures which should be taken to solve the problem and listed under what we know as NIC (Nursing Interventions Classification). Each intervention is composed of a label, a definition, a series of activities which include the actions to be taken and a reference list. On the other hand, we have the determination of expected objectives/results or NOC (Nursing Outcomes Classification) which are the observable behaviors or responses of patients towards a particular diagnosis. This result is achieved through the fulfillment of interventions and therefore is used to evaluate how effective a nursing intervention is.

If correctional nursing implemented this methodology in its daily practice it would contribute to the development of this science by means of:

- The provision of information leading to the unification of criteria used by all professional nurses working in correctional facilities.
- The provision of care continuity. By means of centralized information, both the duplicity and the interruption of scheduled activities due to the transfer of patients to other facilities or to their release are avoided.
- It is a means of granting the quality of care since there is continuous evaluation.
- It allows the provision of both individual and collective healthcare.
- It constitutes an important tool regarding the management of healthcare services provided³, allowing the optimization of care and available resources which leads to the satisfaction of both patients and those who provide them with care.

As far as professionals are considered we can state that nursing in correctional facilities is mainly developed by young professionals⁴ since approximately 75% of them are under 44 years old and 50% under 37. They have studied this methodology and are therefore acquainted with it.

There is a legal framework that sustains such professional development: *Ley 44/2003 de Ordenación de las Profesiones Sanitarias* (Law 44/2003 on the Regulation of health professions)⁵ which sets the grounds for the definition of its area of responsibility and so in Article 7.2 it states that “*Graduate nurses are responsible for the management, evaluation and provision of nursing care activities aimed at promoting, maintaining and recovering health as well as at preventing diseases and disability*”. Therefore, these professionals are legally authorized to manage and plan such care plans and what better way than through the scope of the scientific method which provides further rigor to nursing activities.

Regarding the methodology, we have to take into account that there are currently software tools which allow the management of nursing diagnoses in a simple flexible way and which facilitate greatly everyday work. Autonomic health services, in a desire to implement electronic health records, have also included the possibility of managing nursing information so that more and more nursing societies are using these technologies within their own areas of responsibility⁶⁻⁸ as to facilitate their job. The incorporation of

care plans to healthcare software entails the institutional acknowledgement of the scientific method in the development of nursing activities.

In prison very specific pathologies can be found and in many cases there are other patients with similar diseases, more often than in other environments. Such is the case of infectious diseases (HIV, hepatitis C and tuberculosis for example) or drug abuse, mental disorders and dual pathology, when mental disorders are related to the use of drugs), with prevalence rates⁹ which range between 47.7% and 83.6%. These facts entail a series of common needs and issues in patients which may need comparable interventions. This is when Standardized Plans should be used, as stated by the article: *Standardization of nursing care amongst patients in prison*- a pioneering article on this issue which can be found in this Journal.

There are increasingly more facilities where this systematic working approach is being implemented, as we can read in the aforementioned article, as well as other facilities where they have individually implemented specific software to manage nursing diagnoses with extraordinary results and in a very specific environment: correctional psychiatry.

Such initiatives must encourage us to progressively implement this working methodology in correctional facilities and hence claim a greater autonomy in the development of nursing so that the current system-mainly based on a "medicalization" of healthcare in prisons- be steadily changed.

To conclude we would like to paraphrase what was said by our colleague and nursing teacher Rosa M^a Alberdi Castell¹⁰: *Let's change specific things in our working environment, minimal yet relevant things if needed. But let's do it only if we can fully assume the responsibility of such changes, either because we are the main characters or because we are certain that we will count upon the commitment of all those involved. Moreover, changes have to be inspired by the sole objective of solving the client's problems and evidencing the contribution of nurses to the community's health*".

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