Relationship between Knowledge of Standardized Nursing Language and Working Experience among Nurses in Sokoto, Nigeria

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Abstract: *Standardized nursing language is a current trend in nursing practice that is aim at improving the standard of nursing profession and professionalism. This study examines the relationship between knowledge of Standardized Nursing Languages and working experience among nurses in Sokoto, Nigeria. A quantitative descriptive cross sectional design was employed using structured questionnaire. A sample size of 250 nurses was chosen using multistage sampling technique. Findings of this study showed that 70.9% had in-adequate knowledge of standardized nursing language. The study found that there is a significant difference between knowledge of standardized nursing language and working experience among nurses. Therefore, there is need for hospitals management to set and implement policies on standardized nursing languages and the need for nurses to update their knowledge on standardized nursing languages.*

Keywords: Knowledge, Standardized Nursing Language, Working experience, Sokoto.

1. Introduction

Keenan [1] observed that throughout the history of nursing profession, nurses have documented nursing care using individual, hospital, and unit-specific methods; consequently this lead to a wide range of terminology to describe the same care. Although there are other more complex explanations, Keenan [1] supplies a straight forward definition of standardized nursing language as a common language that is readily understood by all nurses to describe care to individual, family, and community. The definition convey the idea that nurses need to agree upon a common terminology to describe assessments, planning, interventions, and outcomes related to the documentation of nursing care. In this way nurses from different unit, hospital, geographic areas or countries will be able to use commonly understood terminology to identify the specific problem or intervention implied and the outcome observed [2].

The Nursing Information and Data Set Evaluation Centre (NIDSEC) of the America Nurses Association recognized thirteen standardized nursing languages that support nursing practice, ten of which document nursing care [3]. Example of standardized nursing languages include; North American Nursing Diagnosis Association-International (NANDA-I); Nursing Intervention Classification (NIC); Clinical Care Classification System (CCC), Nursing Outcome Classification (NOC), etc.

The use of standardized nursing language for nursing care documentation is very vital instrument both to the profession and nurses in general [2]. This is because the future of nursing profession depends on the systematic efforts to label and define nursing contributions to healthcare using standardized nursing languages. Standardized nursing language provides a structure to manage nursing data set in a computerized patient record [4]. This will ensure that nursing contributions are an integral component of any medical record system especially nursing profession which is a patient advocate profession [4].

Exploring the knowledge of standardized nursing language is very important as its application lead to utilization and practice. According to study conducted by Schwiran and Thede [5], on standardized nursing languages among nurses using survey method to determine the knowledge and attitude of Registered Nurses, on the use of standardized nursing language. The Authors found that majority of the respondents had no knowledge of any standardized nursing languages. Majority of the respondents also had no experience or knowledge on the utilization of standardized nursing languages [5]. This shows that nurses in developed countries are not aware of standardized nursing languages and are not using it in patients care.

The North American Nursing Diagnosis Association (NANDA) framework of Standardized nursing languages is the most recognizedstandardized nursing language [5]. This is because over 1/3rd of the respondents have reported using NANDA in one time or the other especially in their nursing training institution [5]. Most of the nurses had stopped using the NANDA standardized nursing languages since their graduation from nursing training schools.

Nursing Intervention Classification (NIC) and Nursing Outcome Classification (NOC) have been the most recognizable after NANDA framework, this is true according to a study conducted by Schwiran & Thide [5] found that about one quarter of the study population hadused NIC or NOC one time or the other in their practice or study.

Moreover, there is a statistically significant difference between the knowledge of NANDA and the working experience of nurses. Nurseswhose licence was before 1990, 20% report lack of knowledge of NANDA framework as

compare to less than 10% of the post-1990 licensure. Also for those with pre-1990 licensure since nursing training schools had not been using the framework in contrast to post 1990 [5]. Meanwhile, there is no statistically significant difference between the years of working experience and the knowledge and experience of NIC or NOC among nurses registered before or after 1990. This may be so because they are more recent than the NANDA framework. Although, the responses pattern were similar, but the post 1990 licensure show more familiarity to NIC and NOC than pre 1990 licensure [5]. However, the variations were not large enough to account for statistically significant differences among the two samples of registered nurses which differences in their working experiences.

According to the study conducted by Thoroddsen and Ehnfors [6], there is significant improvement in the use of NANDA for nursing diagnosis, NIC for nursing intervention in patient daily documentation and Functional Health Pattern for nursing assessment. This means that nurse preferred these three frameworks than the other ones.

There are few studies conducted in Nigeria on standardized nursing language [7], [8]. The studies revealed that there is poor knowledge and low utilization of standardized nursing language among nurses in Southern part of Nigeria. But no studies have conducted in northern Nigeria to examine the nurses' knowledge on standardized nursing language. Therefore, the need to explore the knowledge of standardized nursing language among nurses in Sokoto, Nigeria.

2. Materials and Methods

Quantitative descriptive cross-sectional survey design was employed in this study to examine the relationship between knowledge of standardized nursing language and working experience among nurses of Sokoto, Nigeria. Sokoto is the capital city of Sokoto State, located at the North-Western part of Nigeria. It is the seat of the Caliphate. It has several tertiary institutions and health centres such as Usmanu Danfodiyo University, Sokoto State University, Shehu Shagari College of Education, The Sokoto State Polytechnic, Usmanu Danfodiyo University Teaching Hospital (UDUTH), Specialist Hospital Sokoto, Maryam Abacha Women and Children Hospital, WCWC, Noma Hospital and several Primary Health Care Centres among others.

The population of the study comprises of all the Nurses working in Sokoto. There are about 912 Nurses working in Sokoto. Nurses who were on Maternity leave, annual leave, study leave or sick leave were excluded from this research. Also, newly employed nurses who did not spent up to three months and Nurses who were working in the private clinics and hospitals were excluded from this study.

A sample size of 250 was chosen using sample size calculator developed by Creative Research System at 95% confidence level and 5% margin of error. Proportionate and systematic sampling techniques was use to choose the sample of nurses. The proportion was used base on the percentage of nurses in the hospitals while, systematic sampling technique was used to select the nurses in the

hospital or unit. The first nurse of each ward/unit was choosing randomly and each third person was choosing systematically from the roster. The instrument used for data collection in this study was a structured questionnaire developed for this study after extensive review of literature. Questionnaire was used to collect data from the respondents because it is the appropriate instruments in this study. Ethical approval was sought from Research and Ethical Committee of UDUTH Sokoto. Permission was sought out from hospitals management to administer the questionnaire to nurses. The research purpose was explained to the participant and an inform consent was obtained from the participant. The collected data was analysed using Statistical package for Social Sciences (SPSS version 20.0).

3. Results

Two hundred and fifty (250) questionnaires were distributed to the respondents, 236 were retrieved but 6 were not completely filled, therefore were not analysed. Only 230 questionnaires were analysed which represents 92% response rate.

Knowledge of Standardized Nursing Languages

The knowledge section was graded to ascertain the knowledge level of the respondents. 1 mark was scored for each correct response and 0 for incorrect response. Scores of 0-3, 4-6, and 7-10 signifies inadequate, average and good knowledge respectively. The overall knowledge scores shows that approximately seventy one percent (70.9%) had inadequate knowledge, whileonly 11.3% and 17.8% had good and average knowledge of Standardized Nursing Languages respectively as indicated in table 1.

Table 1: Knowledge score of Standardized Nursing Languages

Level of Knowledge	Scores	Frequency	Percent
Inadequate	0 −3	163	70.9
Average	4−6	41	17.8
Good	7−10	26	11.3
Total		230	100

Working Experience and Knowledge of Standardized Nursing Language

There is a statistically significant difference between the knowledge of standardized nursing language and years of working experience among nurses in Sokoto, $F (3, 226) = 7.38$, $p = 0.02$. furthermore, post hoc analysis revealed that nurses with less than 5years working experience (M = 6.32, SD = 1.68) and those with 5-10 years of working experience (M =4.15, SD = 2.03) had more knowledge of SNL, than those with more than 10years of working experience as indicated in table 2.

Table 2: Mean, SD, and ANOVA of Nurses knowledge of SNL

Experience (years)	Mean	SD	df	F	Sig
<5	6.32	1.68	3, 226	7.38	0.02
5-10	4.15	2.03			
11-15	2.94	1.21			
>15	1.73	0.86			

4. Discussion

Findings of this study indicate that majority of the nurses in Sokoto had inadequate knowledge of standardized nursing language. This concurs with the findings of Schwiran and Thide [5], who found that majority of the nurses in USA, had neither knowledge nor experience of using standardized nursing languages. This shows that nurses in economically developed countries had similar problem with nurses in economically less developed countries. There are variations in the responses on the knowledge score, though generally there is inadequate knowledge of standardized nursing languages among nurses. Some nurses were able to define standardized nursing language, identified NANDA as a type of standardized nursing language and indicate some benefit of using standardized nursing language. This corroborates with the findings of Schwiran and Thide [5], Olagun et al. [7], and Odutayo et al. [8], that nurses were more familiar with NANDA, NIC and NOC than other frameworks of standardized nursing language.

Moreover, there is a statistically significant difference in the knowledge of standardized nursing language and the years of working experience among nurses. This shows that nurses that recently graduated from nursing training institutions had higher knowledge of standardized nursing language than those who had graduated more than 10 years [5]. This may be so because standardized nursing languages is a new and developing area in nursing profession and nurses that recently graduated mayacquire the knowledge from school. There is need for all nurses to update their knowledge on standardized nursing language especially the older ones. This will help them to meet the up-to-date knowledge in nursing profession.

5. Conclusion

Standardized nursing language provide effective means of communication among nurses worldwide; as nurses can speak the same thing everywhere when given the same care. There is inadequate knowledge of standardized nursing language among nurses and nurses who had less than 10 years of working experience has more satisfactory knowledge. Therefore, there is need for nurses to update their knowledge on standardized nursing language and the hospitals to implement the use of standardized nursing language. Further research is also needed to explore the utilization of standardized nursing language in Sokoto.

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Author Profile

Abdurrahman Muhammad Sani was admitted into School of Nursing, Usmanu Danfodiyo University Teaching Hospital Sokoto in 2003 and graduated in 2006. He practices as Registered Nurse in General Hospital Koko, Kebbi State, and Specialist Hospital Sokoto. In April, 2007 he was employed as Nursing Officer II by Usmanu Danfodiyo University Teaching Hospital Sokoto. In 2008 he gained admission into Ahmadu Bello University Zaria to pursue his degree programme in nursing and he graduated from Ahmadu Bello University Zaria with Bachelor of Nursing Science (BNSc) degree (2011), Registered Midwifery Certificate (2011), and Higher National Diploma in Public Health Nursing with Registered Public Health Nursing Certificate (2012). Moreover, in 2012, he did his National Youth Service Corp (NYSC) in General Hospital Dutsi, Katsina State of Nigeria as Principal Nursing Officer. While, in January, 2013 he joined the services of Usmanu Danfodiyo University Sokoto as Assistant Lecturer and He did his MSc in Nursing from University of Ghana from 2013 to 2014. His area of speciality and research interest is Maternal and Child Health Nursing. In 2013, he became a Fellow of West African College of Nursing (FWACN). He has published his research with both international and local journals such as International Organization for Scientific Research-Journal of Nursing and Health Sciences, West African Journal of Nursing among others.

Suwaiba Sani, attended Sokoto State School of Nursing and Midwifery where she did General Nursing and graduate as Registered Nurse in 2001. In 2002 she joined the services of Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria as Nursing Officer II, where she rose from that rank to NO I, SNO and now she is the Principal Nursing Officer. In 2013, she obtain Bachelor of Science in Nursing from National Open University of Nigeria. Finally, in 20014 she had Post-graduate Diploma in Education from Ahmadu Bello University, Zaria.