

**Participant Action Research with  
Nurses to  
Identify  
NANDA, NIC and NOC  
Categories for Care of People  
with Diabetes and  
Women in Labor**

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# This paper focuses on use of action research methods with nurse leaders and staff.

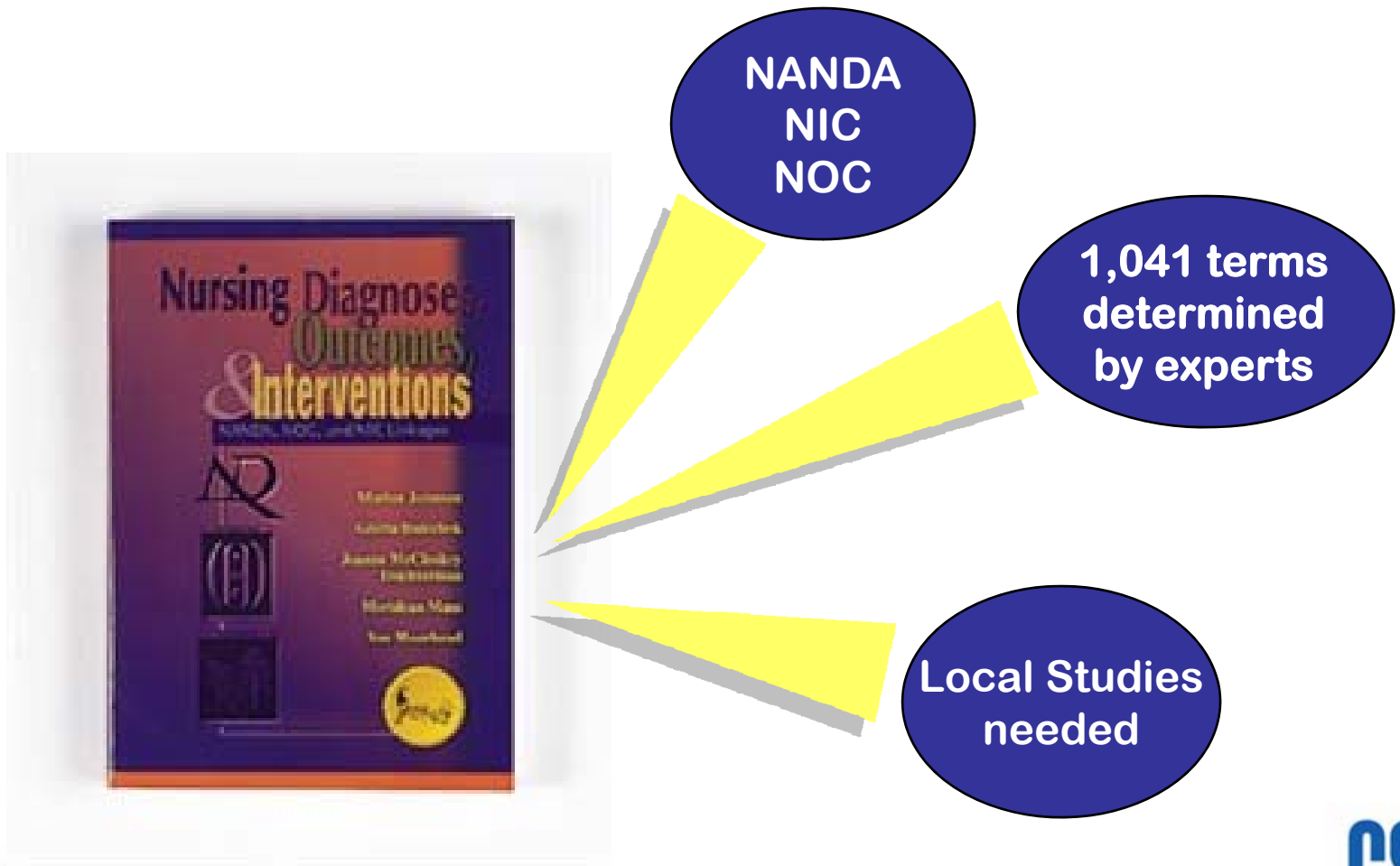


**Findings:  
People with Diabetes,  
Women in Labor**



**Advantages of Using  
Action Research  
Methods**

# Action Research using NNN educates staff nurses on the relevance of terms.



**With action research methods, the stakeholders or clinical nurses are the researchers.**



# The PI facilitates a process with stakeholders to achieve 100% consensus.

**Develop Informed Consents  
& IRB submission**

**Train nurse leaders to  
conduct group sessions**



**Ensure trustworthiness  
of research products**

# Informed consent and IRB review is necessary.



# Each group of nurses focused on their specific population of patients.

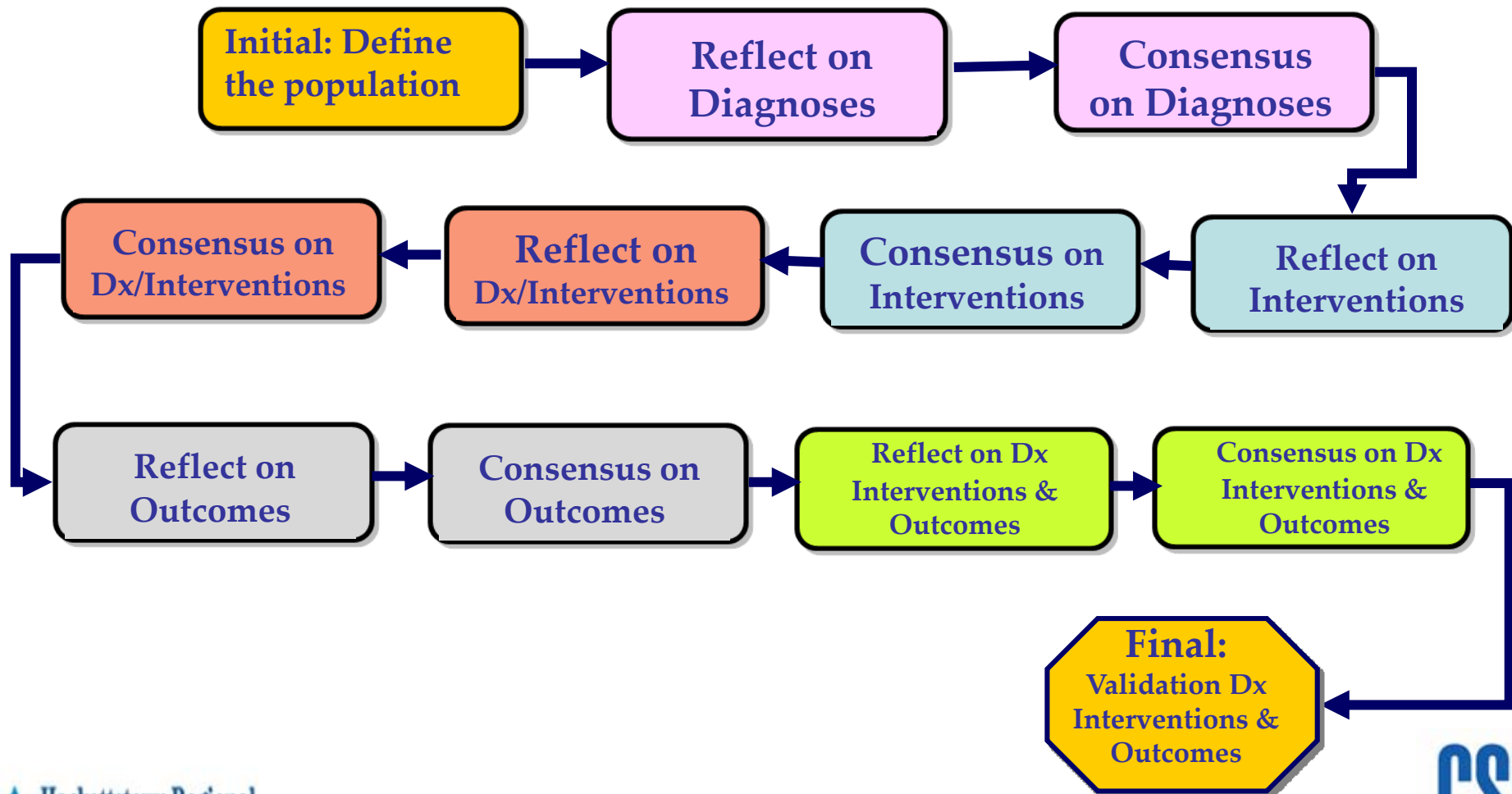


**Adults with Diabetes  
admitted to HRMC**

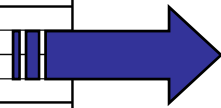
**Women in Labor  
including the first hour  
after delivery**



# Consensus validation was used to make the linkages with the terms.



Date: November 22, 2005	1 nurse	2 nurses	3 nurses	4 nurses
<b>Diagnosis Relevance</b>				
Activity intolerance				X
Activity intolerance, risk for				X
Adjustment, impaired				X
Airway clearance, ineffective				
Allergy response, latex				
Allergy response, latex, risk for				
Anxiety				
Anxiety, death				
Aspiration, risk for				
Attachment, impaired parent/infant/child, risk for				
Autonomic dysreflexia				
Autonomic dysreflexia, risk for				
Body image, disturbed				
Body temperature, imbalanced, risk for				
Bowel incontinence				
Breastfeeding, effective				
Breastfeeding, ineffective				
Breastfeeding, interrupted				
Breathing pattern, ineffective				
Cardiac output, decreased				
Caregiver role strain				X
Caregiver role strain, risk for				X
Comfort, impaired				
Communication, verbal, impaired				
Communication, readiness for enhanced				
Conflict, decisional (specify)				
Conflict, parental role				
Confusion, acute				
Confusion, chronic				
Constipation				
Constipation, perceived				
Constipation, risk for				
Coping, ineffective				X
Coping, readiness for enhanced				
Coping, community, ineffective				
Coping, community, readiness for enhanced				
Coping, defensive				
Coping, family, compromised				X
Coping, family, disabled				
Coping, family, readiness for enhanced				



12/14/2005 Final List Med Surg: Patient with DM
<b>Diagnosis</b>
Activity intolerance
<b>Activity intolerance, risk for</b>
<b>Adjustment, impaired</b>
Caregiver role strain
<b>Caregiver role strain, risk for</b>
Coping, ineffective
Coping, family, compromised
Denial, ineffective
<b>Falls, risk for</b>
<b>Infection, risk for</b>
Injury, risk for
<b>Knowledge, deficient</b>
Knowledge of Diabetes Mellitus, readiness for enhanced
Noncompliance
<b>Nutrition, readiness for enhanced</b>
<b>Peripheral neurovascular dysfunction, risk for</b>
<b>Powerlessness, risk for</b>
Role performance, ineffective
Sedentary lifestyle
<b>Sensory perception, disturbed</b>
<b>Skin integrity, impaired, risk for</b>
<b>Surgical recovery, delayed</b>
<b>Therapeutic regimen management, ineffective</b>
<b>Therapeutic regimen management, readiness for enhanced</b>
<b>Therapeutic regimen management, family, ineffective</b>
<b>Tissue integrity, impaired</b>
Tissue perfusion, ineffective

# Final List Diagnoses

## 12/05

# Final Diagnoses-Interventions- Outcomes for “Activity Intolerance, Risk For”

<b>Adults with Diabetes admitted to HRMC</b>	
<b>10/26/06 Diagnosis-Interventions-Outcomes FINAL</b>	
<b>Activity intolerance, risk for</b>	
<b>Interventions</b>	<b>Outcomes</b>
<b>Activity Therapy</b>	<b>Activity Tolerance</b>
<b>Analgesic Administration</b>	<b>Client Satisfaction: Functional Assistance</b>
<b>Embolus Precautions</b>	<b>Comfort Level</b>
<b>Energy Management</b>	<b>Endurance</b>
<b>Exercise Management</b>	<b>Energy Conservation</b>
<b>Pain Management</b>	<b>Pain Control and Pain Level</b>
<b>Self Care Assistance</b>	<b>Self Care Activities of Daily Living</b>

# Women in Labor Group

**Defined as patient care provided from inpatient admission to L&D through one hour recovery period after delivery via NSD. Recovery period included couplet care (mother and baby).**



# Diagnosis-Interventions- Outcomes for Anxiety

<b>Women in Labor</b>	
<b>Diagnosis-Interventions-Outcomes FINAL</b>	
<b>Anxiety</b>	
<b>Interventions</b>	<b>Outcomes</b>
<b>Admission Care</b>	<b>Anxiety Self-Control</b>
<b>Active Listening</b>	<b>Communication</b>
<b>Electronic Fetal Monitoring: Antepartum</b>	<b>Comfort Level</b>
<b>Humor</b>	<b>Family Support During Treatment</b>
<b>Presence</b>	
<b>Simple Relaxation Therapy</b>	
<b>Truth Telling</b>	

**Challenges  
included  
“getting off  
process” and  
assuming  
incorrect  
definitions of  
terms.**



**People with Diabetes Group**

**Many of  
us are  
beginning  
the Magnet  
Journey for  
excellence  
in nursing.**



**Collaborating with university faculty and graduate students seeking clinical sites is advantageous.**



**Scholarly research is brought to the bedside, a Magnet journey requirement.**



**Financial support  
necessary, but  
only for books  
and RN time for  
consensus  
sessions.**

# Our study cost approximately

DM Group Nurses 30 Hours X 4 RNs	\$5,344.82
Labor Group Nurses 10 Hours X 3 RNs	\$803.40
Nursing Diagnosis Book -10	\$239.40
Nursing Interventions Book -10	\$383.63
Nursing Outcomes Book -10	\$121.38
<b>Grand Total</b>	<b>\$6893.63</b>

**Action  
Research  
allows RNs to  
“reflect”  
on their  
practice.**



**Nurses have a developed product to place in a new electronic health record.**





Women in Labor Group

**Action research using NNN with practicing nurses have innumerable benefits for staff nurses and the agency.**

**Comments/Questions?**