
IOWA OUTCOMES PROJECT

Nursing Outcomes Classification (NOC)

SECOND EDITION



Editors

Marion Johnson

Meridean Maas

Sue Moorhead

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SECOND EDITION

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Preface

This second edition of the *Nursing Outcomes Classification (NOC)* contains 260 outcomes. Each outcome includes a label name; a definition; a set of indicators that describe specific patient, caregiver, family, or community states related to the outcome; a 5-point Likert-type measurement scale; and selected references used in the development of the outcome. Although we encourage the use of the indicators and measurement scale associated with the outcomes, the goal of the research team is to standardize the label name and definition for each outcome, which assist nurses in evaluating and quantifying patient status in relation to a particular outcome. Although evaluation of the reliability and validity of the scales is incomplete, feedback from clinicians using the outcome measures in clinical settings has been positive.

Fifty-seven new outcomes for individual patients and family caregivers as well as seven family-level and six community-level outcomes have been added to this edition. Eleven outcomes have undergone minor changes since the first edition. The additions and revisions are outlined in Appendix D. This edition also includes the taxonomic structure for the classification and a description of how the structure was developed. The taxonomy's seven domains and 29 classes are described in Part Two.

The chapters in the second edition have been reorganized to present new information. Chapter 1 has been updated and now provides more information about standardized nursing languages approved by the American Nurses' Association. The two chapters in the first edition that described the research process have been shortened and combined into one chapter (Chapter 2). Information previously listed in Chapter 4 has been expanded and divided into two chapters—Chapter 3 describes the current classification and future development, and Chapter 4 focuses on uses and implementation of the classification. Appendixes A, B, and C contain examples of applications shared by practitioners and educators.

Linkages between the North American Nursing Diagnosis Association (NANDA) diagnoses and the NOC outcomes are included in Part Four. The reader will note that the NANDA diagnoses are listed in alphabetical order and are consistent with the terminology used in the 1999-2000 edition of *NANDA*. Also included in this section are linkages with Gordon's functional patterns. It is important to note that these linkages are not prescriptive and have not been validated with clinical data. They are provided as suggested linkages to assist nurses in identifying possible outcomes when a diagnosis is made or to develop a framework for clinical information systems. The nurse's clinical judgment, however, remains the most important factor in selecting outcomes. Our research team received a number of helpful suggestions from users following publication of the first edition. To encourage nurses to provide the research team with feedback on specific outcomes or the need for new outcomes, a form and procedure are included in Appendix E.

The need for nursing to define the patient outcomes that are responsive to nursing care has continued to increase since publication of the first edition. The growth of managed care and the emphasis on cost containment continue to raise concerns about outcomes effectiveness and health care quality. Nursing plays a key role in the delivery of cost-effective care in every health care setting; therefore it is

imperative that nursing data be included in the evaluation of health care effectiveness. The NOC completes the nursing process elements of the Nursing Minimum Data Set (NMDS). NOC is a companion language to the *Nursing Interventions Classification* (NIC) and the North American Nursing Diagnosis Association (NANDA) diagnoses. Standardized nursing languages are required to ensure that the nursing elements identified in the NMDS are included in electronic patient databases. They also facilitate the study and teaching of diagnostic reasoning and the development of mid-range theory as linkages between patient characteristics, nursing diagnoses, nursing interventions, and nursing-sensitive outcomes are tested.

The editors wish to thank the many nurses who have contributed to the development of NOC. This includes members of the research team who worked diligently to expand and evaluate the NOC outcomes and the many individuals who shared their work with us or agreed to review our work. Without them, this edition would not be possible.

Marion Johnson

Meridean Maas

Sue Moorhead

Strengths of the Nursing-Sensitive Outcomes Classification

Comprehensive. The NOC contains outcomes for individual patients, family caregivers, the family, and the community that are representative for all settings and clinical specialties. Although all outcomes may not yet be developed, there are outcomes that are useful for the entire scope of nursing practice, and plans are to develop others as they are identified. Because each is comprehensive, the NANDA,¹ NIC,² and NOC³ provide standardized languages for the nursing process elements of the Nursing Minimum Data Set.⁴

Research-based. The research, conducted by a large team of University of Iowa College of Nursing faculty and students and clinicians from a variety of settings, began in 1991. Both qualitative and quantitative strategies were used. Methods included content analysis, concept analysis, survey of experts, similarity analysis, hierarchical clustering analysis, multidimensional scaling, and clinical field site testing.

Developed inductively and deductively. Sources of data for initial development of the outcomes and indicators were nursing textbooks, care plan guides, nursing clinical information systems, standards of practice, and research instruments. Research team focus groups reviewed outcomes in eight broad categories that were drawn from the Medical Outcomes Study and nursing literature. Based on a review of literature, outcomes subsumed by the broad categories were identified and refined through concept analysis.

Grounded in clinical practice and research. Developed initially from nursing texts, care plan guides, and clinical information systems, the outcomes were reviewed by expert clinicians and are being tested in clinical field sites. Feedback from clinicians is solicited through a defined feedback process.

Uses clear, clinically useful language. Throughout the development of the NOC, clarity and usefulness of the language have been emphasized. Care has been taken to ensure that the language distinguishes NOC outcomes from nursing interventions and diagnoses.

Outcomes can be shared by all disciplines. Although the NOC emphasizes outcomes that are most responsive to nursing interventions, the outcomes describe patient states at a conceptual level. Thus the NOC provides a classification of patient outcomes that are potentially influenced by all disciplines. The NOC contains indicators for the outcomes that are expected to be most responsive to nursing intervention. Use of the outcomes by all members of the interdisciplinary team will provide needed standardization, yet allow the selection of indicators that are most responsive to each discipline.

Optimizes information for the evaluation of effectiveness. The outcomes and indicators are variable concepts. This allows measurement of the outcome states at any point on a continuum from most negative to most positive at different points in time. Rather than the limited information provided by the measurement of whether a goal is met or unmet, NOC outcomes can be used to monitor the extent of progress, or lack of progress, throughout an episode of care and across different care settings.

Tested in clinical field sites. Evaluation of the NOC is being done in a variety of clinical field sites, including tertiary care hospitals, intermediate care hospitals, a nursing home, and community health care settings. The field tests will provide important information about the clinical usefulness of the outcomes and indicators; linkages between nursing diagnoses, interventions, and outcomes; and the process of implementing the NOC in clinical nursing information systems.

Dissemination emphasized. This book describes the NOC research and the initial alphabetical classification of outcomes and indicators. In addition, a growing number of journal articles and book chapters are being published describing the NOC work. The NOC research is described on a University of Iowa College of Nursing World Wide Web home page (<http://www.nursing.uiowa.edu/noc/>), and a *listserv* is maintained to share information about the NIC and the NOC and for dialogue with interested users. The NOC work has been disseminated in a number of national and international presentations.

Linked to NANDA nursing diagnoses and NIC interventions. Initial linkages have been developed by the NIC and NOC research teams to assist nurses with the use of the classifications and to facilitate use in clinical information systems. NANDA-NOC linkages and Health Patterns-NOC linkages are presented in this volume. NANDA-NIC linkages have been published by the NIC Team.¹ NOC outcomes have been linked to problems in the Omaha System and to the Resident Assessment Protocols (RAPs) used in long-term care. (All of these linkages are available from the Center for Nursing Classification office at the College of Nursing, University of Iowa, Iowa City, Iowa 52242.)

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American Association of Critical Care Nurses
American Association of Neuroscience Nurses
American Holistic Nurses Association
American Psychiatric Nurses Association
American Society for Parenteral & Enteral Nutrition
ANA-Community Public Health
ANA-General Practice
ANA-Gerontology
ANA-Medical Surgical
ANA-Pediatrics
ANA-Psychiatric/Mental Health
ANCC-Clinical Specialist in Medical Surgical Nursing
ANCC-Community Health Nurse
ANCC-Family Nurse Practitioner
Association of Neonatal Nurses
Association of Nurses in AIDS Care
Association of Operating Room Nurses
Association of Pediatric Oncology Nurses
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