The Nursing Interventions Classification: A Language to Define Nursing

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Purpose/Objectives: To discuss the Nursing Interventions Classification (NIC) framework and its relationship to oncology nursing. 

Data Synthesis: NIC is a standardized language that identifies all interventions performed by nurses. The three-tiered taxonomy consists of six domains, 27 classes, and 433 interventions with related nursing activities. Each intervention consists of a label describing the concept, the definition of the concept, and a set of representative activities or actions. 

Conclusions: Although differences exist in the core interventions identified by the Oncology Nursing Society and the Association of Pediatric Oncology Nurses as critical to their practice, the NIC research team, after surveying both organizations, found numerous similarities in the possibilities for clinical application.

Implications for Nursing Practice: NIC provides a standardized language to enable oncology nurses to describe and demonstrate their work and contributions to lawmakers, healthcare policy makers, and the public.

Key Points . . .

► The Nursing Interventions Classification is an attempt to standardize the language used to communicate all interventions performed by nurses.
► A standardized language improves practice, research, administration, education, and interdisciplinary communications.
► Oncology nurses caring for adults or children share a number of core interventions.

Nursing has evolved from its roots as a care-driven, handmaiden model to a profession that requires skill, caring, intellect, and critical thinking. Yet, the highly specialized care provided by nurses is frequently unrecognized by other nurses, hospital administrators, politicians, and lawmakers. To contain costs, administrators frequently use trite phrases such as “a nurse is a nurse” or “a warm body will do” to justify substitution of nurses at any skill level for highly specialized ones (Krebs et al., 1996). Unfortunately, healthcare policy makers and politicians may not be aware of the vital contributions nurses make because they have not always been politically savvy in communicating the value of their work. In the past, nurses have not had a language to describe their work, and the financial loss and image problems resulting from this lack of articulation have been immeasurable (Krebs et al.; McCloskey & Bulechek, 1994).

Nursing has the opportunity to emerge in today’s healthcare environment as the missing link between managing hospital- and home-based care and the critical components of transitional care. Nightingale was the first nurse to systematically record and code patient information. During her era of nursing, vast amounts of information were collected systematically and organized into meaningful data, with clear evidence of nursing’s impact on morbidity and mortality. Unfortunately, throughout the following decades, nursing lost or relinquished the ability to manage meaningful data. The ability to manage large groups of patient populations and, most importantly, capture and communicate information with a cost-efficient and accurate method is at the core of today’s managed care environment. Moreover, acquiring and categorizing problems and interventions facilitates billing for services that may not have been captured previously.

Two points are crucial to the immediate future. First, inpatient nurses will not have a structured environment with walls or boundaries surrounding individual nursing units in the hospital. Although community-based nurses have a

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