

The Role of Government and Its Influence on Nursing Systems by Means of the Definition of Nursing Minimum Data Sets (NMDS)

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INTRODUCTION

Since the 1980's, questions have been asked the world over about the efficiency and contribution of nursing in the hospital treatment of patients and nursing performance within the framework of nonhospital health care.

The cause for these tendencies has many roots. For one, we can determine a push in professionalism through the increasing importance of nursing sciences on whole. The basic focus is on comparability, standardization (Johnson et al., 2005), and securing quality (ICN, 2003). Also, a significant part of nursing systems internationally are publicly financed and legally determined. This has the consequence that the political decision-makers, particularly in context with the financing and planning of nursing structures, have more of an interest in controlling the nursing systems and disposing of useable nursing data.

The different health systems have reacted to this cost pressure, not least because of the various political conceptions according to national criteria, even though it has been established that the basic tendencies of individual steps to reform are comparable in all health systems. Because of this, a diversification of the nursing professions corresponding to national demands was noticed on an international scale and the attempt was made to assign the nursing performance to the level of training. At the same time, the structural, hierarchical cooperation of the different nursing professions was regulated.

A professionally and politically specific intention concerns the availability of valid nursing data which serve just as much as a political decision basis for

developing the need for nursing performance in the individual professional levels as they serve as essential support within the framework of information of individual nursing processes. Initiatives for reform and the forming of data structures in nursing came from the nursing branch, or rather nursing sciences themselves, as well as from the government decision-makers.

Along with other reform objectives in the area of professional training and distinctions of competence, the focus is on the definition of a list of nursing performances (nursing interventions) in context with nursing data. These performances have to be clearly defined and serve as a basic fundament for nursing documentation as well as for care planning on a national scale.

Nursing Minimum Data Set (NMDS) has been developed as a scientific term for this process, although the term is understood in different ways in different countries.

BACKGROUND

Nursing as an independent profession has a more far-reaching tradition in America than it does in Europe. In Europe, nursing as an autonomous profession and also therefore the science of nursing, only established itself in the last 20 years of the 20th Century. It is therefore not surprising that many foundations and discussion anchors of nursing science and practical nursing have their roots in Anglo-American areas such as the USA or Australia. This also applies to a large degree to the discussion about minimum nursing data which were defined by American nursing scientists at the end of the 1980s (Nonn, Mayer, & Evers, 2002). While in

America the issue of recording systems has a prominent position, the discussion about minimum nursing data in Europe is accompanied by establishing a “professional identity,” which allows it to be followed through the constitution of junior and superordinate nursing job descriptions with corresponding training levels.

Nursing sciences and political decision-makers function as communicating vessels during the development of national NMDS, even though the motives for this development are completely different.

Being responsible, politicians concern themselves with constructing and configuring the nursing system itself; the nursing scientists are actually more occupied with the systematology and basic knowledge from the nursing data.

The intrinsic problem relating to the development of NMDS arises from the differing motives and information expectance. This is because the government as legislator and designer of the nursing system has to fall back on data structures which enable data consolidation on varying metalevels and therefore enforce and secure structural and financial of nursing data systems. In respect thereof, the structural elements are an important part of governmental considerations.

The interest of the nursing sciences is concentrated on the availability of data structures which allow outcome studies and other nursing studies on a scientific level being simultaneously suitable for the support of the individual nursing processes (Lamb, Mowinski Jennings, Mitchell, & Lang, 2004). During the development of national NMDS, this implicit discrepancy can be observed time and again by means of various process descriptions. For example, the description of the objectives of the Swiss NMDS project were at first fairly extensive and included not just the demands of nursing science but also showed clear interdisciplinary traits (NURSING Data Model, 2001). Whilst implementing the project itself, these demands had to be largely reduced and adapted (NURSING Data Final Report, 2004). However, the focus of governmental needs of data availability in order to target the nursing system was expanded upon quite considerably or remained unchanged in the core areas.

This conflict of interests during the development of the NMDS is on the whole distinctly recognizable in all national projects. There are, however, less changes to the initial objectives where the government took the initiative from the start to develop an NMDS and made its objectives an essential part of the NMDS project,

a case in point being Australia. Here the National Minimum Data Sets are created, coordinated by the Australian Institute of Health and Welfare (AIHW) (2006), which is also responsible for a broad reporting system in health affairs.

Regarding this, it can be discovered that governmental motivation and position on developing a nursing system followed by the establishment of a NMDS is of high importance for the final concrete embodiment of an NMDS.

THE INFLUENCE OF THE GOVERNMENT ON THE NURSING SYSTEM AND THE DEVELOPMENT OF NMDS

Politics Influencing Nursing Systems

In current literature about nursing research, a lot of room is taken up by the question about how far political intervention and system parameters influence the nursing concept and therefore nursing outcome.

In contrast to English-speaking and Scandinavian countries, where the question about political influence and actions on the nursing system is well established in nursing research, this approach in the European-German speaking area has only just begun. Particularly in connection with the effect of changed quality criteria of a nursing unit, current studies based on the longitudinal analysis method, attempt to produce evidence—limited by political parameters and the structural changes in nursing associated with them—that a changing effect in quality of nursing was achieved or rather is verifiable (Blegen, Goode, & Reed, 1998).

The influence of politics on the nursing system and nursing outcome is shown as being particularly extensive in these studies. According to this trend, individual sections, for example, the question of mortality, are examined in connection with political system design. The results of American nursing research tend to show that a direct connection exists between nursing outcome—in this case mortality—and politically specified structures (Czaplinski & Diers, 1998).

Within nursing research, Oddi and Cassidy (1990) chose a systematic approach regarding the interaction between politics and nursing. Their approach assumes the protection of human rights by American law. Based on the “rights of human subjects” and the

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