

**IOWA**Center for Nursing Classification  
and Clinical Effectiveness

## Fall/Winter 2022 Newsletter

Friends and Colleagues-

I am happy to share updates from the Center for Nursing Classification and Clinical Effectiveness at the College of Nursing at the University of Iowa. In this newsletter, I join Dr. Moorhead for a discussion about the leadership transition at our Center and our vision for the future, spotlight two exciting, funded research projects from the United States and the European Union that demonstrate the value of nursing data especially when using NIC and NOC, announce our first pilot grant program and share recent publications.

My “virtual door” [IowaNursing-cnc@uiowa.edu](mailto:IowaNursing-cnc@uiowa.edu) is open for any feedback, suggestions or collaboration ideas. I am excited to connect with you.

*Karen*

**Karen Dunn Lopez, PhD, MPH, RN, FAAN**

Associate Professor

Director- Center for Nursing Classification & Clinical Effectiveness

Transitions in leadership: Sharing a vision for the future: An Interview with Drs. Sue Moorhead and Karen Dunn Lopez



Dr. Sue Moorhead



Dr. Karen Dunn Lopez

### Question 1: Tell us about your nursing career.

**Sue:** I started my nursing career at Iowa, but I was on a military scholarship through Walter Reed. I did my first two years at Iowa, and then transferred to the University of Maryland, where all the people on the scholarship convened. We lived at Walter Reed Army Medical Center for two years while we finished our undergraduate degrees from Maryland.

I worked in dialysis for a while after leaving active duty and decided to go back and get my master's degree at Iowa. That is where I met **Gloria Bulechek**. Originally, she was my advisor for my master's program. **Geraldine Felton**, our dean, made it mandatory that anybody teaching get a PhD and so I enrolled in the PhD program after teaching a few years. I was in the first group of PhD students from the college, and **Joanne Dochterman** was my advisor and head of the program at that time. **Gloria** recommended me for a faculty role at our College of Nursing, and I accepted the position.

**Karen:** I went to nursing school at the University of Pennsylvania at a time when the Magnet Hospital research had just been released. During that time period "Magnet" was not a set of qualifications, it was organically derived from hospitals that had good experience at having nurses that were highly satisfied. Penn's faculty instilled in us that we should get our first job in a Magnet hospital. With this advice, I got my first nursing staff position at Boston's Beth Israel hospital, where we practiced primary nursing and the nurses thrived.

I worked on a medical surgical care unit that had multiple types of patients, and I realized I like taking care of patients with cancer the most. After a couple of years at Beth Israel, I worked at New York's Memorial Sloan Kettering and then in bone marrow transplant at The Dana Farber Cancer Institute.

I loved taking care of individual patients, but realized I really loved when I could be involved in research, particularly with policy implications for patients. I decided to earn a master's in public health and shortly after graduation we relocated to Iowa City. I quickly learned that in this university town, a PhD was needed for most of the fun interesting jobs. I enrolled in the PhD program here at the **College of Nursing**. **Connie Delaney** was my advisor, and then **Marty Craft Rosenberg** was my chair. **Sue Moorhead** was on my committee, and when I finished my PhD work, I moved to Chicago. **Sue** introduced me to **Gail Keenan**, who was one of my post-doctoral mentors and now collaborator. I kept in touch with **Sue** over the years at conferences. In 2018 she and **Liz**

Swanson approached me about coming back to the **University of Iowa** and playing a leadership role in the **Center for Nursing Classification (CNC)**.

## **Question 2: How did you first become interested in the field of nursing terminologies?**

**Sue:** I joined NANDA-I-I in the mid-70s while in my first teaching job at a school of nursing in Illinois. I oversaw implementing NANDA-I in the curriculum, so that was my first emergence in terminologies.

*My military experience, especially in the reserves, taught me that electronic records were really needed in field environments. Paper does not do very well in pouring rain and high wind you so we had records that would fly away when we were in storms!*

My interest in electronic records was very basic at that time - it does not work to have paper in bad environments so when I got a position as a PhD research assistant (RA) on the NIC team, I sort of just brought NANDA-I and this desire to have it and an electronic record together. I worked as an RA with **Gloria** and **Joanne** for three years before I was hired for a tenure tract position. I continued to work with them for a couple of years until the NOC group got started and I was recruited to work with **Marion Johnson** and **Meridien Maas** because my experience in developing NIC interventions was important to that group that was just starting. So, it was fortuitous that I would end up working in classification.

**Karen:** I love to hear **Sue's** military stories. I learned about NANDA-I as an undergraduate and found that it was rarely used in practice in classification. I learned a lot about NIC and NOC in my PhD studies, but it was not until my post-doctoral fellowship, when I joined a team of NIH researchers as a co-investigator, that I thought:

*What if we could use nursing care plan data to help make it easier for nurses to make better care decisions?*

So that really became my focus - clinical decision support for nurses and how to make sure the terminologies were easy to use but also helpful. Having this foundation of terminologies helps promote the usefulness of our health record data.

## **Question 3: What led you to recruit Karen to the CNC?**

**Sue:** Well, she was an Iowa Hawkeye already, so that was number one. I knew her dissertation focused on communication skills which I think is important to the director role.

*Having a heavy interest in research was key to the future directions we were looking for a new director.*

Her work with **Gail Keenan** on HANDS (Hands-on Automated Nursing Data System) was a good immersion in NIC and NOC use with electronic records and her informatics focus was another key reason we looked at her.

Our new **Dean Julie Zerwic** knew **Karen** and was supportive of her. Her skill sets in writing and research were a good match and I knew that people with that skill set are hard to find.

#### **Question 4: What interested you about this position in the CNC?**

**Karen:** When I met with **Sue** and **Liz Swanson** at the Midwest Nursing Research Society meeting to talk and started to talk about the research potential at the CNC— I became excited. When I interviewed, I saw a very vibrant college and experienced it very differently than I had as a student. I realized I was ready for a change, and I found this prospect both exciting and challenging.

#### **Question 5: Since you retired as director in summer in 2020, how has your retirement been going?**

**Sue:** I laugh because I do not feel retired at all. It is a combination of all my plans to travel so far cancelled because of the pandemic, and the fact that **Karen** and I had less time together physically during the transition. I have stayed active in helping her with issues and transition. So that is one piece of it.

The second big piece of what I have been doing is working on the NOC book for about the last 18 months until we finally submitted the draft in March. I continue to have quite a bit of work involved with the editorial process of the new edition. It was a fun period for me because A: I was stuck at home and B: I could immerse myself in the NOC work. To really have whole days and whole weeks and a really set schedule with **Liz Swanson** and **Noriko Abe** to produce that book and do the reviews and creations of new outcomes was a very positive experience for me because I was not pulled in 1,000 directions like you are when you are teaching classes and running the CNC and working with doctoral students.

The other thing I have been doing a lot of is helping young scholars with their manuscripts. I really enjoy that. And there has been plenty of work to do in that area.

*I think one of the strengths that the CNC has developed since I took over in my later years as director of the CNC was that we have had a lot of visiting scholars and students from other PhD programs.*

But that really brings a new depth to the CNC that I am trying to transition to **Karen** as well, and I continue to work with some of these students. I think that is important for the vitality of the research endeavors.

One of my goals in retirement was to get enough sleep. I have done reasonably well in that because you know a nap is okay occasionally during the week. That was not an option when you are working, and the fatigue as you get older, is something you really must deal with, and kind of plan your time. So, I've done pretty good at trying to get a little more rest.

## Question 6: What is your vision for the CNC?

**Sue:** Well, my vision has not changed.

*From the beginning, it was to create classification for enhancing, nursing, practice and capturing what nurses do.*

What has happened is, the languages have become more mature. And so, there is less need to expand the classification and a greater emphasis on updates and research. The foundation is laid to really try to get this implemented in places that are committed to it, and it does take someone very enthusiastic in the clinical setting to make this work.

I think we are at a critical stage where implementation issues, and certainly COVID has impacted the time. Nurses have to change practice. They are changing in response to clinical situations that do not always mean the decisions that are made are the best for a long-term nursing situation.

**Karen:** I agree with this challenge and will add that electronic health record vendors do use classification, they just do not always support the use of nursing classification

*My vision is that NIC and NOC classification, in partnership with NANDA-I, are used to improve human health. To do this, it is imperative that we demonstrate the value of nursing classifications. This will require both expanded use in practice and innovative use with patients that demonstrates the value of nursing care.*

## Research Spotlights

### TEC MED Project (Europe)

Nine European intuitions from six countries have been funded by the European Union's Cooperating Across Borders in the Mediterranean to create a transcultural, ethical and social model for the care of the elderly dependent population in the Mediterranean basin. The project, called TEC-MED and led by University of Seville (Spain) includes an online platform for a large database deep learning about this population. In the group's first year, they were approved to use several NIC and NOC terms, that will be included in the large database, without a contract from the publisher. All of us at the Center for Nursing Classification are excited about the potential this project has for improving health equity for venerable elders.

Learn more here: <https://www.youtube.com/watch?v=cglUT>

### Creating the first data pipeline to integrate nursing care plan data into data trusts

Principal investigators **Tamara Macieira, Gail Keenan, and Yingwei Yao** all from the University of Florida College of Nursing have been funded by the National Institutes of Health (NIH) National Institute on Aging to complete the

first phase of a five-year R21/33 grant. For the first phase, the team is making standardized nursing care plan data available in a large data repository for public use in health care research. Specifically, they are developing and validating a reusable pipeline for extracting and mapping of locally documented nursing diagnoses, interventions, and outcomes from the electronic health records of two large health systems to NANDA-I-I, NIC, and NOC. The data will be available in the OneFlorida Clinical Research Consortium and Data Trust that also includes a variety of other health care data for more than 15 million patients located in Florida, Georgia, and Alabama.

In the second phase, “Harmonizing and Integrating Nursing Data into Multidisciplinary Datasets to Evaluate Hospital Care and Readmissions of Older Adults with Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias,” the team will demonstrate the value of standardized nursing data. Their year five focus will be to use the nursing and other electronic health record data to explore factors that contribute to hospital readmissions for older adults with Alzheimer’s disease and Alzheimer’s disease-related dementias.

### **Fostering international collaborations for the CNC through external grants**

The Association for Common European Nursing Diagnoses, Interventions, and Outcomes (ACENDIO) was established in 1995 to promote the development of nursing’s professional language. The association supports a network among researchers from different countries and offers financial support to start research projects every year. In spring 2022, “Mapping and validating nursing-sensitive outcomes and interventions toward nursing diagnoses related to heart failure self-management,” a project led by **Dr. Natany da Costa Ferreira Oberfrank** (University of Iowa, U.S), **Dr. Camila Takao Lopes** (Federal University of Sao Paulo, Brazil), and **Dr. Gianfranco Sanson** (University of Trieste, Italy) was awarded the ACENDIO Grant.

For the first phase, the team will map nursing-sensitive outcomes from NOC and nursing interventions from NIC towards a new proposal of nursing diagnoses for heart failure self-management. In the second phase, American, Brazilian, and Italian nurses with experience caring for patients with heart failure will be invited to provide expert opinions about the relevance of the mapped outcomes and interventions according to their clinical practice. The research team recognizes that self-care behaviors vary among countries and this collaboration will serve as a protocol for international comparisons of nursing care delivery using standardized classification. Networking among faculty members from different countries may enable future collaborations for the CNC.

## **News**

### **CNC Celebration**

A celebration was held in September to recognize the achievements made by those engaged with the CNC over the past couple years.

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## Pilot Grants Announcement

The CNC is pleased to announce that we will offer a cycle of pilot grants that use NIC and NOC in research or quality improvement projects. Stay tuned for more information.

## New Faculty

Congratulations to Drs. Sena Chae and Natany Da Costa Ferriera Oberfrank for their faculty appointments to the University of Iowa College of Nursing! Both began their appointments as tenure track assistant professors this fall.

### Dr. Sena Chae

**Dr. Sena Chae** graduated from the University of Iowa College of Nursing with her Ph.D. in December 2020 and has been working as an associate faculty at the College since October 2020. Dr. Chae's program of research focuses on nursing informatics and data-driven solutions to predict patient outcomes for



patients with severe illnesses. Her specific interests include symptom science, machine learning, natural language processing, longitudinal electronic health records data (EHRs), and standardized nursing terminologies. Specifically, Dr. Chae's doctoral dissertation focused on subgrouping patients with cancer based on their symptom experiences over time across chemotherapy and predicting symptom experiences based on the past symptom experiences as documented in nursing assessment data in EHR. Currently funded by NIH/NINR through the Center for Advancing Multimorbidity Science (P20 NR018081-01), she is developing an algorithm to extract the symptom data from clinical notes and explore the

relationship between multiple chronic conditions and the most commonly occurring symptoms of patients with acute leukemia.

### **Dr. Natany da Costa Ferreira Oberfrank**



**Dr. Da Costa Ferreira Oberfrank's** program of research includes the use of standardized nursing terminologies to measure patient outcomes with chronic diseases, motivation to change health behaviors in symptom science, and nursing informatics to support health behavioral interventions. As part of her program of research, Dr. Da Costa Ferreira Oberfrank led a research group with experts from Brazil and Italy to map and validate nursing-sensitive outcomes and interventions for a novel nursing diagnosis related to heart failure, "Heart Failure Self-Care Deficit." Currently funded by the

Association for Common European Nursing Diagnoses, Interventions and Outcomes (ACENDIO) as a principal investigator, she aims to develop a protocol for international comparisons of nursing care delivery using standardized classification and understand the influence of cultural aspects in the nursing process for patients with heart failure.

## **Publications and Presentations**

### **Related to NIC and NOC authored by CNC Faculty, collaborators and colleagues**

1. Aleandri, M., Scalorbi, S., & Pirazzini, M.C. (2022). Electronic nursing care plans through the use of NANDA-I, NOC and NIC taxonomies in community setting: A descriptive study in northern Italy. *IntJNursTerminolKnowledge*; 33,72–80. <https://doi.org/10.1111/2047-3095.12326>
2. Halverson CC, Tilley OS. (2022). Nursing surveillance: A concept analysis. *Nursing Forum*; 1-7.



<https://doi.org/10.1111/nuf.12702>

3. Lozano P, Butcher HK, Serrano C, et al. (2021) Motivational interviewing: Validation of a proposed NIC nursing intervention in persons with a severe mental illness. *IntJNursKnowledge*; 32:240–252. <https://doi.org/10.1111/2047-3095.12317>
4. Moreira, R.P., Guerra, F.V.G., Ferreira, G.O., Cavalcante, T.F., Felício, J.F., Ferreira, L.C.C., & Guedes, N.G. (2022). Effects of the nursing intervention Fall prevention in older adults with arterial hypertension using NANDA-I-I, NIC and NOC. *International Journal of Nursing Knowledge*; 33, 147–161. <https://doi.org/10.1111/2047-3095.12346>
5. Wagner CM, Swanson EA, Moorhead S, et al. (2022). NANDA-I-I, NOC, and NIC linkages to SARS-CoV-2 (COVID-19): Part3. Family response. *IntJNursKnowledge*; 33:5–17. <https://doi.org/10.1111/2047-3095.12323>
6. Zhang T, Wu X, Peng G, et al. (2021). Effectiveness of standardized nursing terminologies for nursing practice and healthcare outcomes: A systematic review. *Int J Nurs Terminol Knowledge*; 32:220–228. <https://doi.org/10.1111/2047-3095.12315>



**Did we miss any important publications?**

If so, please send it to

[lowaNursing-CNC@uiowa.edu](mailto:lowaNursing-CNC@uiowa.edu). We will include the information in the next newsletter.

**Do you have nursing interventions or outcomes to submit?**

If you would like to submit new or revised nursing interventions or outcomes, please contact us at

[classification-center@uiowa.edu](mailto:classification-center@uiowa.edu).

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