This is the published version of a paper presented at *Narrative Nursing - building new knowledge*.

Citation for the original published paper:

Áling, M. (2016)
Implementation of Nursing Diagnosis (i.e. NANDA) in a Forensic Psychiatric setting.
In: Huddinge

N.B. When citing this work, cite the original published paper.

Permanent link to this version:
http://urn.kb.se/resolve?urn=urn:nbn:se:rkh:diva-2332
Implementation of Nursing Diagnosis (i.e. NANDA) in a Forensic Psychiatric setting

Maria Åling, RN, MSc, Lecturer, Red Cross University College, Sweden.

E-mail corresponding author: maria.aling@rkh.se

**Background:** The Swedish legislation indicates that patients in the forensic psychiatric setting should be re- integrated into society through rehabilitative measures including nursing care. This was recognized by the National Board of Health and Welfare in 2002, but concluded that there is a vast knowledge gap regarding the aim and the content of nursing care in forensic psychiatric settings. Still nursing care in forensic psychiatry is sparsely described. Recent research confirms this description of a knowledge gap and adds that there is a lack of structured nursing care in forensic psychiatry. Nonetheless, the content and outcome of nursing care in the forensic psychiatric setting is hard to visualize. The actual patient needs and problems have to be identified and defined. To meet this knowledge gap, structured and categorized descriptions of the patients’ nursing care needs need to be described. Frauenfelder and co-workers (2014) claims that NANDA could be the tool to label problems and risk diagnoses, although they call for further research.

**Aim:** to describe the implementation process of using nursing diagnoses.

**Method:** The implementation of nursing diagnoses according to NANDA started in 2011, one year after *Forensic Psychiatry Care Stockholm* became one department, and the implementation process is still on-going. Previously, the forensic psychiatric care in Stockholm had been spread out over three different departments with dissimilar culture. The new management wanted a “unified department”, and one way to achieve this was to use NANDA as a tool for a common language in nursing care. The implementation started with a meeting with the ward managers and Registered Nurses. A project plan for the implementation was presented and discussed. The project leader met all RNs in the department in small groups to describe and motivate the use of NANDA. Up till now eleven wards have been involved and at least two meetings have been held at each ward. The project leader has participated at ward rounds and supervised the RNs in the use of NANDA. In conclusion, more RNs need to be engaged to continue the progress of the project. Another task is to find a less time consuming implementation process and to evaluate the implementation to this point. It is also important, further down the line, to introduce the tools Nursing Diagnoses Interventions (NIC) and Nursing Diagnoses Outcome (NOC) in the forensic psychiatric setting. Apart from a common nursing language, the use of standardized descriptions, actions and goals would fill the knowledge gap regarding aim and content of nursing care in forensic psychiatric settings.