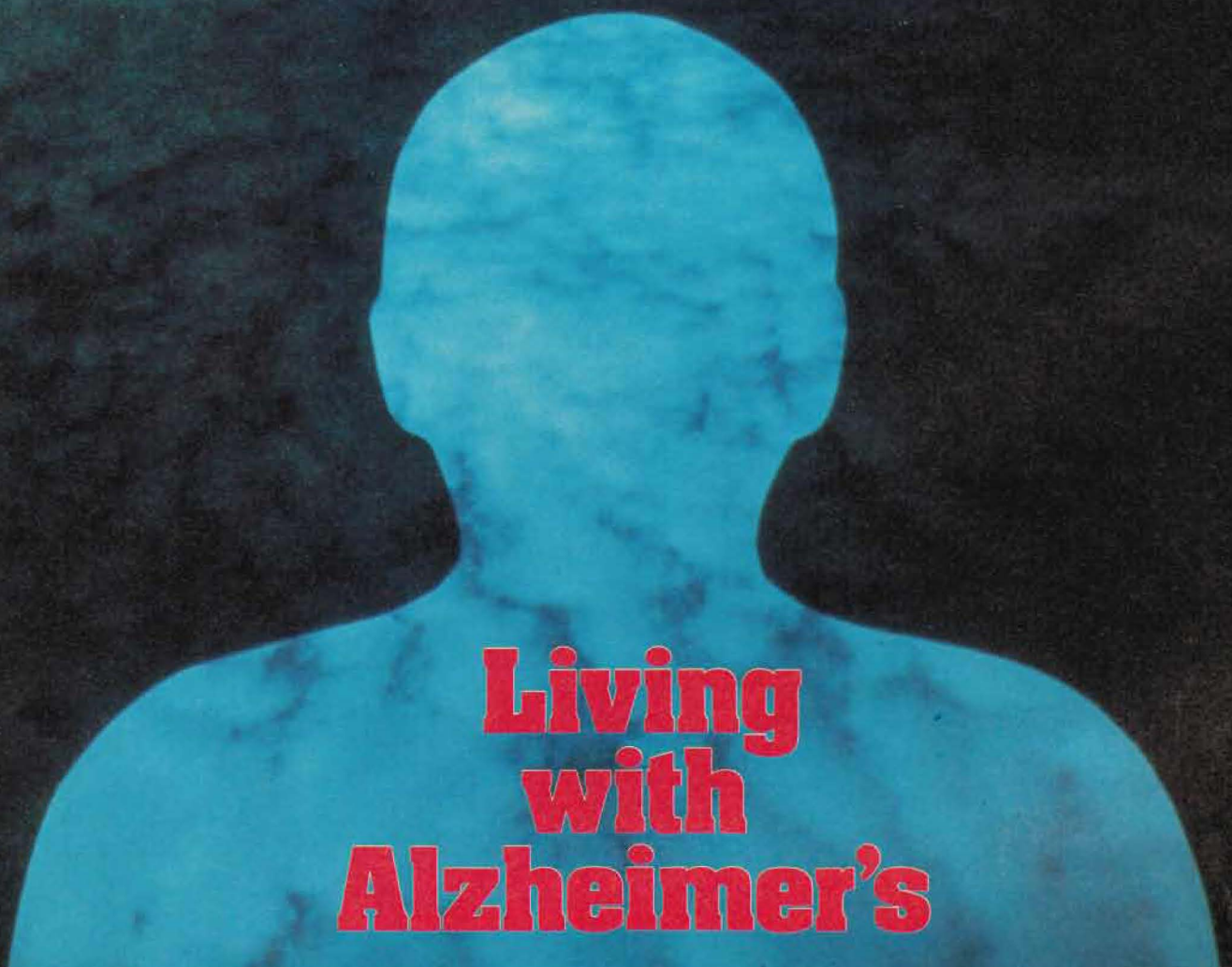


February / Février 1986

A vision program for the elderly / Cleaning up nursing jargon

Démystifier l'épilepsie / Changing attitudes to healthy living

THE CANADIAN
NURSE
L'INFIRMIÈRE
CANADIENNE



**Living
with
Alzheimer's**

THE MARKETING OF NURSING JARGON

BY PATRICIA J. HOULIHAN, RN, MSc

*"The range of specificity of the theoretical formulations..."
Are nurses losing their ability to communicate?*

L'évolution du jargon infirmier semble aller de pair avec notre recherche continuelle d'identité et la relance de notre estime professionnelle. Cependant, si nous la laissons trop progresser, ce même jargon risque d'influer sur l'aptitude des infirmières à communiquer, aptitude qui constitue la pierre angulaire de notre profession.

Several weeks ago I was doing some research for a class I will be teaching my student nurses, research that involved the development of nursing theories. As I read through the literature, one of my personal annoyances about the nursing profession began to surface and I was motivated to comment. The particular sentence that inflamed my rage was, "The range of specificity of the theoretical formulations within nursing science varies greatly." Roughly translated, this probably means "some nursing theories are more specific than others." Why, then, did the author not say that?

In its simplest form, the problem consists of verbal diarrhea. More serious is the use of makeshift words, up to and including the development of an entire vocabulary that is totally incomprehensible to anyone outside the nursing profession.

I would like to deal first with the problem of verbal diarrhea. William

Zinsser's classic work titled *On Writing Well*² should be required reading for every member of the nursing profession. It will be of particular help to people who have recently completed graduate school and who are driven to using "thesis language" in everyday conversation. If Zinsser has one message for us it is that "clutter" is a disease that is infecting both our written and verbal communication, particularly among those attempting to sound "educated". Our goal should be simplicity.

Every time I read Zinsser's book, I want to edit every sentence I write for both students and colleagues and every memo or set of minutes that comes across my desk. Have you ever asked a patient if he is experiencing anything painful? What is wrong with asking him if it hurts?

Another area that needs to be addressed is the use of phrases such as "with the possible exception of" instead of "except" and "at this point in time" instead of "now". These over-used phrases which are currently popu-

lar also qualify as verbal clutter.

Makeshift words have been formulated to deal with perceived problems of sexism in our language and have been eagerly accepted by nurses who are, of course, predominantly women. One of the most commonly used formulations is the word "chairperson". Whoever said that "chairman" is male? From my earliest introduction to this word as a schoolgirl, the word has always been genderless as far as I was concerned. It was the feminists themselves who told us that it was male. I, personally, have no objection to being the chairman of a board or anything else for that matter.

This brings us to the development of our professional jargon, our nursing terminology. Nursing, because of its very nature, uses terminology from a wide variety of disciplines, including the basic sciences, medical science, psychology, sociology and anthropology. Now, in 1985, we have a nursing terminology. Why? Various explanations occur. Kathleen Dracup, writing in "Heart and Lung", says that professional terminology provides a label for complex phenomena and facilitates communication among individuals using it.³

These are admirable and necessary purposes. However, for our profession, the pendulum has swung from having no common vocabulary to call our own, to having a vocabulary that no one outside the profession understands. Gamer, writing on our ideology of professionalism, sums it up nicely by saying, "... a whole literature has been constructed around such terms as 'nursing diagnosis,' often with bizarre formulations which attempt to evade medical terminology."⁴

Nursing diagnosis, focusing on patient responses and assisting us to define our role, seemed like a good idea at the time. However, the concept has mushroomed to encompass listings of patient responses, symptoms

Patricia Houlihan is a lecturer with a nursing school in Halifax, N.S.

Word Report

BY JANE WILSON

In the world envisioned by George Orwell in his novel *1984*, events were communicated in a language called Newspeak, in which opposites were made to sound the same and all meaning was generally obscured. Have nurses today come to use jargon and acronyms so widely that we have developed our own new language — Nursespeak? Let's eavesdrop on evening report in a ward in a small Canadian hospital.

Flo: Hi, BiBi, did you have a good evening?

BB: So-so. As good as it gets here on OBS in 3NU. I'll tell you about it as I give you the report. In 301 we've got Mrs. W. who's got STD, and she —

Flo: STD? She drank motor oil additive? Geesh, people are really getting weird!

BB: What is the matter with you, you having a TIA? That's sexually transmitted disease! Let's get on with this. In 302 we have Ms. S. who's in for investigation. Dr. Black thinks the story will show up on the CBC.

Flo: What? We're going to have reporters crawling all over the place? Not on my shift, I hope.

BB: Settle down, will you? That's a complete blood count of course; and make sure you get an MSU for C&S on her before morning. OK? She's due in the OR at eight. In 304, is Mr. T. He was supposed to be discharged but he isn't doing as well as he should — maladaptive coping mechanisms, you know.

Flo: Tsk, tsk, and he's so young too.

BB: I don't know what's got into you tonight, Flo. What's wrong?

Flo: Oh, it's time for my annual PER with the head nurse—er, nurse manager — and I guess I'm a bit nervous. I mean, I don't have any significant others with whom to discuss and evaluate the parameters of my competencies, you know. . . except you, that is, BiBi.

BB: Maybe you should think about a transfer to the ICU or the OPD, or maybe the OR would interest you. Say, what about going back to school to upgrade your caretaking skills?

Flo: What?! No, thanks; I do *enough* cleaning up around here on night shift!

and classifications that Gamer would refer to as a "pseudotaxonomy of nursing observations."⁵

Campbell's extensive work on the subject of nursing diagnosis⁶ consists of just under 2000 pages, broken down into categories that range from "wellness responses" to "significant other non-bonding". I believe that we have a problem when, along with all the other information that a nurse must know, it takes that many pages to define such imprecise terms.

Who will ever read these 1900-plus pages? Who, other than a nurse, could understand them if they *did* read them? How are we to communicate with others including, above all, our patients? We have complained for years about medical jargon that doc-

tors like to use, sometimes in an honest attempt to explain, sometimes to keep themselves separate, apart and above (?) their patients. We have prided ourselves on our ability to interpret these words and phrases to our patients. Will this ability now be lost?

It is no wonder that student nurses have problems understanding the concept of nursing diagnosis. Had the 'manual' been published prior to my undergraduate days, my classmates and I would have cringed at the sheer volume of the material. The implication, of course, would have been that one must be fully aware of all that is contained within those covers to obviate the necessity of running to a cookbook to verify a series of symptoms and responses at the end of each

encounter with a patient.

Twenty years ago a Canadian physician published a commentary on nursing education. In it he referred to nursing diagnosis, noting "I read of the nursing diagnosis and the medical diagnosis as if they were two different parts of a schizoid patient . . . the patient has *a* diagnosis, or if he is unlucky, several, but they are his, not ours."⁷ Even today, one need only do a small survey of our colleagues in the medical profession to realize how little progress has been made since that paper was written. Few other health professionals have even heard of a nursing diagnosis, let alone understand and respect it.

The marketing of nursing jargon or terminology seems to be part of our ongoing quest for professional identity and self-esteem. The use of this jargon should enhance and improve the *practice* of the profession. Taken too far, how will jargon affect our ability to communicate, a skill which is one of the cornerstones of our profession?

What will happen when our profession consists entirely of nurses with graduate education? Will we communicate only in "thesis-ese"? Perhaps the pendulum could find a more comfortable resting position. □

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**Canadian
Nurses
Association**
**50 The Driveway
Ottawa, Ontario
K2P 1E2**
Tel (613) 237-2133

**Association
des infirmières et infirmiers
du Canada**
**50, The Driveway
Ottawa, Ontario
K2P 1E2**
Tél. (613) 237-2133

File: 75-3-1

February 17, 1986

Patricia Houlihan
1472 Tower Road
#826
Halifax, Nova Scotia
B3H 4K8

Dear Patricia,

Your article "The marketing of nursing jargon" appeared in the February issue of The Canadian Nurse/L'infirmière canadienne. Already we have received commendations for your article and the ideas behind it. Congratulations.

The work and trouble you took to prepare your article is sincerely appreciated and we wish you all of the best in your future publishing endeavors.

Sincerely,

Judith A. Banning
Publications manager

*You received several
positive comments on your
article - Congratulations
Judith*



The Brantford General Hospital

200 Terrace Hill Street, Brantford, Ontario N3R 1G9 (519) 752-7871

Chairman, Board of Governors: Jack I. Brown Executive Director: Richard B. Woodcock

February 21, 1986

The Canadian Nurse
Canadian Nurses Association
50 The Driveway
Ottawa, Ontario
K2P 1E2

Dear Madame:

Patricia Houlihan has written an article long needed. "The Marketing of Nursing Jargon" in the February 1986 issue succinctly describes the phenomenon that is happening in our profession these days. I find this frantic search for identity stressful and not needed. The development of private language will not enhance the nursing image but rather the reverse. At present, in our Hospital, Nurses, Physiotherapists, Physicians and Social Workers can discuss patient care and understand each other clearly using the commonly accepted language presently in use.

The reference to the Physician's comment in the July 68 issue of the Canadian Nurse is as relevant today as it was when written 20 years ago. The article gains credibility in my opinion in that it is written by a Nurse who is in the academic field. For those of us who are working in Hospitals, it always appears that the "academics" are pushing the new nursing jargon. I feel that it is sad that nursing seems to require these extra trappings to have an identity. What is wrong with being skillful, competent, caring people. I have yet to have a Physician or patient not respond, when approached by an intelligent, logical and compassionate nurse. As Patricia Houlihan says "perhaps the pendulum could find a more comfortable resting place".

Sincerely

MS. L. INGHAM
ASSISTANT EXECUTIVE DIRECTOR, PATIENT SERVICES

jhd

cc: P. Houlihan