

Strategies to develop the nursing process and nursing care plans in the health system in Bolivia

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Cite: Fernández-Sola C., Granero-Molina J., Aguilera-Manrique G., Peredo-De Gonzales M.H., Castro-Sánchez A.M. & Pérez Galdeano A. (2011) Strategies to develop the nursing process and nursing care plans in the health system in Bolivia. *International Nursing Review* **58**, 392–399

Background: Care Plans provide guidelines to offer all patients the same quality assistance. Care Plans constitute a base where every stage of the Nursing Process can be recorded, which will save time when handling documentation. Bolivian nurses are very keen to participate in this global trend in order to grasp the opportunity offered by the international cooperation programmes carried out between Spain and South America.

Aims: To identify obstacles and enablers encountered when implementing the Nursing Process. To set clear strategies and actions so as to develop the Nursing Process and Care Plans in Santa Cruz Department (Bolivia) both in hospitals and universities.

Methods: The Participatory Action Research was conducted between the Autonomous University Gabriel René Moreno (Bolivia) and the University of Almería (Spain). The procedure for data collection included meetings with key informants, interviews, observation and workshops. Data were analysed using the constant comparison and categorized by common themes.

Results: Lack of time and instruments, shortage of resources and the need for continuous training came up as obstacles; whereas enablers were the nurses' involvement, the university-hospital coordination and the support given by institutions. Actions taken were the creation of a care plan unit, the implementation of a training programme, design of instruments, and meetings held with authorities and institutional representatives.

Conclusions: Conducting action-research schemes within international cooperation programmes signifies an excellent opportunity for the nursing system in less-developed countries so as to be included in international plans with the aim of standardizing the nursing practice.

Key words: International cooperation, nursing process, nursing documentation, standardized care plans, participatory action research, Bolivia, Spain.

Funding: This study is conducted in the frame of a cooperation project funded by the Spanish Agency for International Cooperation (Spanish government). Research Projects: A/6907/06 and A/8374/07.

INTRODUCTION

In spite of the excellent academic level in Bolivia, nurses are still considered as the physicians' assistants. There are no nursing records and despite carrying out tasks related to the various stages of the Nursing Process (NP), they do not implement it systematically; they do not perform a preliminary structured assessment of the patient and do not apply nursing diagnoses. They neither arrange their objectives and interventions in writing nor record the assessment thereof (Granero-Molina et al. 2010). Within this context, Bolivian nurses require Spanish collaboration on a Scientific Research Inter-university cooperation programme (ICP) aimed at implementing the NP.

Herein, the research is developed within the ICP known as "*Reinforcement of standard care plans in the public health and clinical area. Training nursing human resources for the health service network*". It is conducted between the University of Almería (UAL) and the Autonomous University Gabriel René Moreno (AUGRM) in Santa Cruz de la Sierra and financed by the Spanish International Cooperation Agency.

Previous experiences emphasise the importance of identifying the obstacles and enablers when implementing the NP and SCP in order to outline successful strategies (Lee 2005). The implementation of the NP in Bolivia and other Latin American countries which have no experience in nursing documentation implies a dramatic change in the way nurses work and this should be taken into consideration (Ledesma-Delgado & Mendes 2008, Rodríguez et al. 2008). These facts also reflect a need for developing training programmes and address the shortage of technical and human resources (Granero et al. 2010).

BACKGROUND

The Nursing Process is a term referring to a scientific method implemented in the nursing practice. This means an approach to arrange the nursing documentation, a method to organise the nursing work, a system of problem solving and even a nursing philosophy (Atree & Murphy 1999). As Alfaro-LeFevre (1998) points out, it is a systemised method focused on achieving goals in an efficient way. Nurses often perform tasks related to each stage included in the NP while they are on duty. Having said this, not in every place and in every situation are these tasks outlined beforehand or registered in clinical documentation with clear nursing records.

However, in spite of the serious gaps found in the research undertaken on clinical results after developing the NP (Moloney & Maggs 1999, Urquhart et al. 2009), the evidence shows that the quality of nurses' work improves when following this process, which ultimately positively affects patients' outcomes during and after hospitalisation (Lee et al. 1999). There is even higher agreement on how much the NP means to make progress in the profession, research and to ease the management (Urquhart et al. 2009, Pokorski 2009). In addition,

nurses have reported that they expect to standardise their practice through the implementation of the NP at the same time they become more visible and recognised (Coverston et al 2004, Ledesma-Delgado & Mendes 2008).

One of the instruments nurses use when applying the NP is the Care Plan. A Nursing Care Plan has to work as a structured, written Handbook offering a systematic planning method and a record of patients' care (Lee & Chang 2004). The main objective of care plans should be communication among the team members in order to answer this question: How are we going to take care of this patient? (LaDuke 2009). SCP (Standardised care plans) are designed to support care plans by drafting documents to show and categorise problems as well as those suggestions and results coming from a specific group of patients. The main point is that without this Handbook nurses will base their decisions on subjective reasons and mental patterns which could be significantly biased (Clancy et al. 2006). Dahn & Wadensten (2008) have reached the conclusion that nurses firmly believe SCP increase their capacity to provide the same quality assistance to every patient. They also allow them to focus their actions on their patients' health requirements instead of reducing their job to only executing nursing tasks (Yeh et al. 2009).

Every stage of the NP should be recorded in the patient's clinical history. In this context, the usefulness of accurate nursing records has been widely described in the nursing literature (Moloney & Maggs 1999, Saranto & Kinnunen 2009): as they provide information on the patient's progress, comply with legal requirements, give information on management and service assessment as well as several ways to apply them in terms of quality research and policies. Urquhart et al. (2009) highlight the importance of the nurses' participation in designing and developing record systems along with conducting quality research and implementing comprehensive methods which can shed new light on whether the improvement made in documentation leads to patients' outcomes in terms of measurable health indicators. Another global trend with regards to nursing documentation and SCP is setting language standards to make it easier in terms of nursing diagnoses, interventions and results (Saranto & Kinnunen 2009). Although, as Thorodssen & Ehnfors (2007) remark, this is still quite new for most nurses and its implementation requires a great deal of work.

Despite this, there are clear advantages when using a global language in the nursing profession: the nursing work becomes more visible (Coenen & Pesut 2002), it favours the continuity of assistance offered to patients (Thorodssen & Ehnfors 2007) and it helps nurses take the most suitable decisions (Beckstead 2009).

The study context

The AUGRM is the biggest state university of Santa Cruz Department. The nursing university studies are taught in the AUGRM Faculty of Human Health Science along with Biochemistry, Pharmacy and Medicine. Our study also includes three hospitals and one urban health centre: *Hospital Universitario Japonés* (Northern Health Network, 1st level of healthcare), *Hospital Hernández Vera* (Eastern Health Network, 2nd level of healthcare), *Hospital Municipal San Juan de Dios* (Main Health Network, 3rd level of healthcare) and *Centro de Salud María Cecilia* (Eastern Health Network, primary healthcare)

Aims

The study aims to identify those factors that favour or hinder the NP implementation as well as the SCP both in the clinical areas and academic environment of Santa Cruz department (Bolivia), and to define and develop clear strategies and actions in order to implement SCPs both in the clinical areas and academic environment of Santa Cruz department.

METHODS

The research approach

This ICP is a project of Participatory Action Research (PAR) designed as a social research method which joins the knowledge production, action taken and organisational change. It is an approach registered in the new paradigm social science (Wadsworth 1997) philosophically based in critical-social theory, where knowledge and implementation, scientist and science are connected to social processes (Horkheimer 2003). That is from where an independent and self-reflective interest in methodologies such as action-research stems (Habermas 1995).

We have followed Wadsworth's model (1997) which establishes 4 stages in the PAR (Reflection, Planning, Action and Observing), which can be repeated in cycles until we achieve our objectives (See Figure 1).

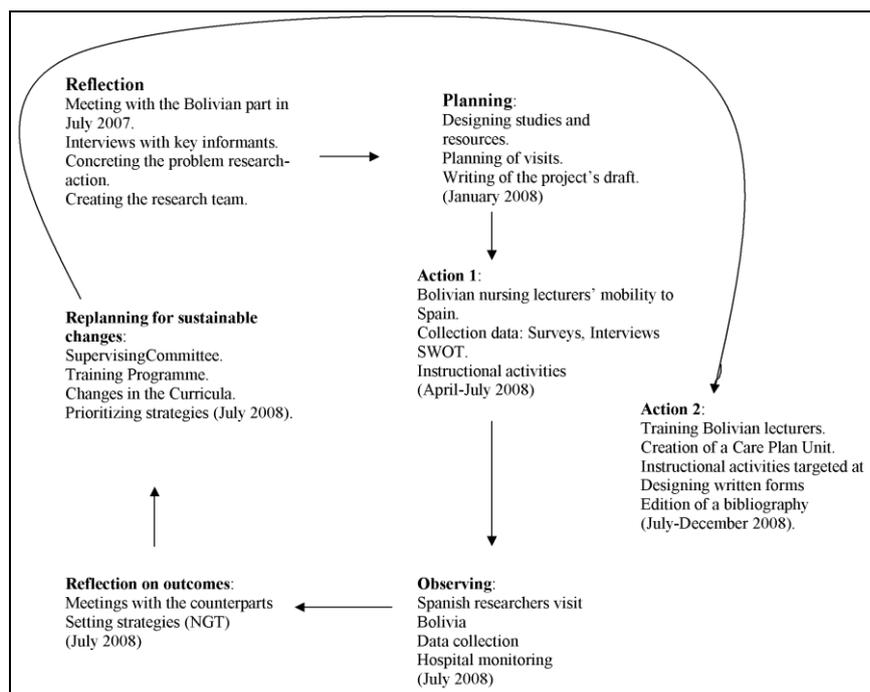


Figure S1. Cycles PAR

Methods of data collection

Meetings with Key Informants

In the *Reflection* stage (July 2007) there was a meeting with three executives of the Nursing School and the dean of the AUGRM Faculty of Human Health Science. This meeting dealt with the situation of the nursing profession in the Bolivian health system and the action-research problem was identified. A research team was created and both parts chose their coordinators. In the meeting attendants took notes including the participants' literal statements.

Interviews

There was an open personal interview with 6 Bolivian nurses in April 2008 (Int-1), deepening into the meaning they attributed to the NP as well as the expectations and needs concerning its implementation. In July 2008, a group interview was held (Int-G) with 8 AUGRM students, in which they talked about the meaning of the NP, the learning methods both in class and clinical emplacement and those factors which favour and hinder its learning and practice. In July 2009 (observing 2) there were one-to-one interviews (Int-2) with 16 nurses to assess their experience once the NP and the SCP had been implemented.

Workshops

Thirty-two nurses took part in two workshops during the observing stage: In April 2008, the SWOT analysis was used (standing for Strengths, Weaknesses, Opportunities and Threats) so as to identify barriers and enablers when implementing the NP. In July 2008 (Replanning), we used the Nominal-Group Technique in pursuit of choosing and prioritising both strategies and actions aimed at overcoming difficulties in the future.

Observation

During the visit the Spanish researchers in Bolivia (July 2008 and July 2009), and three Spanish observers (Obs-S) visited three hospitals and one health centre. In addition, four Bolivian researchers (Obs-B) visited two Spanish hospitals where they could observe Spanish nurses implementing the NP and the SCP (April 2008 and April 2009). Their notes were subject to analysis and reflection for subsequent stages.

In the training workshops organised with 135 nurses there was feedback with the participants and a chance of recording their demands.

Data analysis

Data analysis began concurrently with fieldwork. Field notes, transactions and interviews were transcribed in electronic files, analysing the information through constant comparison techniques to evaluate the variation or similarity among the data collected. During the reflection stage, several difficulties and issues were discussed, with a cross-analysis of data from different sources undertaken in order to validate the construction of results and propose the most adequate actions.

Ethical issues

The study was approved by the ethics committees of the university and hospitals in which data was collected. The free and informed consent was obtained before the interviews took place. Confidentiality and anonymity were ensured as well as the possibility of refusing to participate or answer the questions.

Rigour and limitations

Challenges facing the PAR methodology are the same as in qualitative research (Hope & Waterman 2003). Because of this, we have used the usual rigorous criteria pertaining to qualitative research and more specifically to the action-research (Waterman 1998; Hope & Waterman 2003).

Therefore, credibility is present in our analysis since its results show the situation studied; consistency since the information has been triangulated; reflection because now there

is an opinion trend in Santa Cruz nursing; and relevance because objectives are achieved as we improve our understanding of the situation.

FINDINGS AND DISCUSSION

Findings were grouped according to the three topics composing the whole picture of the joint experience. Following the principles of qualitative research, topics and sub-topics are discussed below, with examples of statements and remarks added by the participants and observers.

Expectations

From the very first meeting (MKI) the wish from the Bolivian part the research was to implement the NP as a nurse's working method; at the same time reinforcing the knowledge of nursing students about this methodology. They refused the idea of restricting the project just to academic levels but also wanted that the results of the action-research to be applied in hospitals. This concern was shared by the interviewed professors and nurses, "*The student (...) sees it in an academic level but not as something to be put into practice (...) and s/he just carries on with what nurses have been always doing* (Int-1, Nurs-1). Students themselves expressed their wish of implementing afterwards what they study at University: "*Some of the concepts we learn, they are just forgotten afterwards; there is neither continuity nor implementation*" (Int-G, Stud-7).

At a professional level, they expect the implementation of the NP and SCP to bring improvements in the profession such as developing an independent nurse's role and incorporating nursing records in the patient's clinical history. This means the nursing profession will gain more recognition and prestige. "*It is very important to consider us not like mere physicians' assistants but like any other professionals*" (Int-1, Nurs-4). This complies with the recommendation of Lange & Leonhardy (2006), who emphasise that the exchange of nurses between different countries should not only help research work but also achieve a greater commitment to improve the concept of the nursing profession in those countries.

The patient should see the benefits in the end, as nurses are aware that nobody will support a project that only brings professional prestige to a specific group: "*our efforts should be made for the sake of the patient in terms of confidence and satisfaction..., otherwise nobody will support us*" (Int1, Nurs 4).

This information diverges from some critics who do not agree with SCPs as they consider these to be outdated documents and "inherently inadequate", which makes nurses waste their time and feel annoyed (LaDuke 2009). But, this is not the case of the current study, where the SCP are considered as a resource to implement the NP and an opportunity for nurses to develop their own role, to include a global language when giving a diagnosis and

apply scientific methods in their professional practice. Furthermore, the experience described by Lee & Chang (2004) states that nurses find help when using the SCP, making it easier to learn. Studies such as Rodricks (2008) have confirmed the advantages offered by the SCP, describing the fewer number of people who go to emergency areas, the length of their hospitalisation, and greater satisfaction of the users.

Obstacles and enablers

In the SWOT analysis workshop, the nurses identified obstacles and enablers encountered when implementing the NP (see Fig. 1). These were verified during observation and interviews.

SWOT ANALYSIS	STRENGTHS a. Lecturers' motivation. b. Directors' motivation. c. Incorporation of new lecturers. d. Young professionals and lecturers. e. Desire for change. f. New curriculum design based on abilities. g. Multiple lecturers devoted to both sectors.	WEAKNESSES a. Lack of written forms. b. Nurses' objections. c. Non-homogenous use of the process. d. Lack of a specific bibliography. e. Excessive workloads. f. Poor use of computer systems.
OPPORTUNITIES 1. Technical and financial support from the UAL through the ICP. 2. Institutional support (universities, hospitals and health centres). 3. Involvement of the Nursing Professional Association in the changes to be introduced. 4. More satisfied users. 5. Graduates and professionals' training. 6. Collaboration between universities and hospitals.	FUTURE STRATEGIES a) → 1+a,b,e b) → 1,3+e c) → 6+g d) → 6+f	REFOCUSING STRATEGIES e) → 2+d f) → 1+a g) → 2,3+b h) → 6+b i) → 6+c
THREATS 1. Pressure from the medical area. 2. Lack of material. 3. Poor acceptance from authorities and chief physicians. 4. Short budget 5. Authorities are not provided with comprehensive information. 6. Lack of computer systems. 7. Excessive number of students. 8. Students' excessive academic load.	OFFENSIVE STRATEGIES j) → f+7 k) → d,f+8	SURVIVAL STRATEGIES l) → 4,6+f

Figure 1. Strengths, weaknesses, opportunities and threats (SWOT) matrix. ICP, inter-university cooperation programme; UAL, University of Almería

Obstacles

Lack of time due to high workloads

This was a common element reported by all the countries independent literature relating to the study (Coverston et al. 2004; Watts et al. 2005, Urquhart et al. 2009; Ledesma-Delgado & Mendes 2009). In our research, it was recognised as one of the main threats. The participants claim that sometimes there is only one nurse between 25 or 30 patients, something which makes dedicating sufficient time to assessment, care plans etc. very difficult. *“Nurses have very little time to converse as they have to administer medication.”* (Int1, Nurs-4).

Shortage of resources

Nurses believe they do not have sufficient resources to arrange treatments. There are no computers on the wards, no accessible bibliography and little existence of human resources, apart from in intensive care, *“we have no more than one registered [nurse] on each ward”* (Int-1, Nurs-3). This is an issue faced more by developing countries (Phalares et al. 2002, Ledesma-Delgado & Mendes 2009). However, in our study, a lack of financial resources, the non-existence of a budget for continued training, and a low salary were also identified as added threats.

Absence of instruments

In this category, we have included the need identified by participants for fill-in evaluation forms to guide the patient's initial assessment and care planning. The nurses and teaching staff who were interviewed also recognised this need, *“the records show what has been done, but not a plan of action. It is not kept in the clinical history either”* (Int-1, nurs-2). It has been demonstrated in the nursing literature that the design of instruments for assessment and planning helps nurses to implement the NP (Lee & Chang 2004, Fernández-Sola 2009, Pokorski 2009). After a joint discussion between the involved parties, it was decided that this was one of the main objectives. Furthermore, in the training workshops there was a unanimous demand from the participating nurses for the development of the SCP.

Refusal from professionals

Some nurses disapproved of implementing the NP, which is related to their objections raised regarding the specific changes which could reduce the time devoted to assist patients. Urquhart et al. (2009) insist that many nurses see the clinical records as bureaucracy that could be replaced by assistance in the patients' rooms. In our context, this dissatisfaction was identified as a weakness by participants in the SWOT analysis. However, it was not reinforced

during interview, nor seen by observers during the first cycle of the PAR. Nonetheless, in Interview-2, conducted once the NP had been introduced, some statements of discontent did appear: *“I see it as bureaucracy”* (Int 2, Nurs-12).

Need for continuous training of nurses

Consistent with Dahn & Wadensten (2008), the participants in the SWOT analysis believed they had sufficient or satisfactory theoretical and technical knowledge to work with the NP and to utilize the SCP. However, a feeling that continuous training programmes were *“nearly always for the physicians”* (Int-1, Nurs-8) emerged in the meetings and interviews. Nonetheless, whilst discussing this issue, the responsibility of the nurses themselves in the situation was also considered, *“Everyone can make use of the budget. There are economic resources which are not being exploited.”* (Int-2, nurs-14). They acknowledged a lack of computer training, skills to form nursing diagnoses and use of taxonomies to standardise the language. In the Reflection stage, the research team agreed to postpone the computerisation of nursing records and taxonomies requiring the use of computer equipment or networks. This strategy has been followed in other studies (Thorodssen & Ehnfors 2007), who believe the introduction of a standard language already implies enough work.

Enablers

Motivation of teaching professionals and nurses

This was one of the strengths most agreed on in the SWOT analysis. The scheme brought out an enthusiasm in the nurses, something also described in other PAR projects (Arieli et al. 2009, Mander et al. 2009), motivating them to work in favour of the suggested objectives. The observers reported *“a favourable atmosphere for introducing changes requiring much hard work”* (Obs-S, 3). The nurses assumed responsibility themselves and stopped blaming others for the situation, *“You have be proactive and stop complaining; if a nurse performs well, she will be acknowledged for it”* (Int-1, nurs-7).

Coordination with university-hospitals

This was a strength identified in the SWOT analysis and confirmed by informants, nurses, interviewers and observers' notes. In the MERCOSUR report (2010), the coordination of the different health institutes was highlighted as one of the positive assets in the accreditation of the Nursing degree.

Institutional support

This element was indicated by the participants (SWOT) as an opportunity, and has been shown to be essential to promoting and encouraging the required changes aimed at implementing SCP (Lee 2005). In our context, the nurses felt supported by their institution, inspiring them to take part in training sessions and work towards implementing the NP and developing SCP. Some even saw the organisational changes as assisting their work, “...changes were even made to rules and duties in order to free up more time” (Int-2, nurs-9).

Technical support through the ICP

Taking part in the project was seen as an opportunity for the participating nurses. They obtained technical knowledge on devising forms, care plans and training programmes, “... [The ICP] allows us to understand how care plans are employed here (in Spain) and how we could use them there [in Bolivia]” (Obs-B, 3).

Strategies and actions

To ensure that the results of our study could be transferred to the hospitals, representatives from these establishments and from a health centre in Santa Cruz were involved in the research and critical reference groups. Participation was guaranteed because two coordinators, one from each arm of the study (Bolivian and Spanish), were assigned to lead the ICP. Furthermore, a total of 31 professionals (8 Spanish and 23 Bolivian) took part in the ICP as teaching professionals or collaborative researchers.

Mobility of researchers

Four Spanish researchers visited Bolivia (July 2007, July 2008, July 2009) to reinforce the coordination between both parties, participate in various stages of the project and gain a direct understanding of the situation. Eight Bolivian researchers visited Spain (April 2008, May 2009) to hold monitoring and coordination meetings, to discover how Spanish nurses work with the NP and SCP and to assist with training sessions.

Development of a Care Plan Unit

One of the planned actions was to set up a group of local nurses and teaching professionals to guide the implementation of the NP and SCP. Although the project has finished, this group continues to operate and has been identified as an asset in the certification of the Nursing degree (MERCOSUR 2010).

Involvement of Bolivians institutions

Meetings were held between the AUGRM academic authorities and the three hospital directors; with the Professional Nursing Association of Santa Cruz and the Scientific Nursing Association of Public Health (July 2008). They showed interest in being involved in the project and participating in the development of training programmes for nurses.

Training programme

Studies have highlighted the need to establish training programmes to teach nurses how to work with SCP (Dahn & Wadensten 2008). Lee (2005) also suggests that the use of educational programmes to improve the nurses' abilities when handling the nursing diagnosis, will also lead to an improvement in the quality of patients' documentation. Following this, training workshops were organised in order for the nurses to acquire skills related to the different stages of the NP (July 2008). The workshop was held twice in the AUGRM, with 20 attendees in each session, once in *Hospital Japonés* and *Hospital San Juan de Dios* with 40 attendees respectively and once in *Hospital Hernández-Vera* with 35 people attending. In April 2009, the six Bolivian teaching professionals who had visited Spain took part in a "training for trainers" workshop with the aim of establishing a more extensive training programme in Bolivia.

Development of instruments.

In response to one of the major demands, a group was set up to design a fill-in form for the initial nursing assessment (December 2008) and perioperative care plans (April 2009). Along with this, a practical guide on Care Planning and the use of nursing taxonomies was also published (Granero et al. 2008).

Alteration of study plans

Teachers of the nursing degree identified the need to take advantage of the forthcoming modification of the Nursing Study Plan (planned for the 2009-2010 course) to include skills related to the application of the NP in several modules.

There are further issues that will need to be dealt with in subsequent studies. For instance: Computerising clinical records, and the SCP based-evidence.

CONCLUSIONS

The implementation of standard care plans requires much effort. Making the most of cooperation projects to make improvements and undertake scientific research is an excellent opportunity to promote the nursing profession in less-developed countries. The projects

described here will also help nurses to be included in those international systems of practice standardisation, encouraging scientific evidence and conducting quality research.

This study suggests, before carrying out any project, a deep analysis of the environment where the said project will be based should be carried out. The PAR has allowed us to undertake a participative process which has furthered understanding and has led us to think about relevant expectations, barriers and enablers. We have devised strategies and planned actions appropriate to our situation.

The training of a group of Bolivian nurses, support from the institutions involved, the design of instruments to help with the implementation of the NP and the creation of the CPU has ensured that the ICP has maintained its momentum, even after the project itself finished. In this way, we are capitalizing on one of the advantages of PAR – converting the subjects into co-researchers, turning them into the inner driving force of change.

Thus, following Waterman's line of thought (1998), it is important to mention that we do not measure the validity of our project by the change made, but by the capacity for transferring moral responsibility to Bolivian nurses and lecturers. We firmly believe that those changes require continuous complex actions.

Among the limitations of the study, its local context must be noted as our findings cannot be generalized and are only applicable to the context in which the investigation and research took place. Nevertheless, they may encourage nurses in other less-developed countries to undertake similar projects.

Conflict of interest: No conflict of interest has been declared by the authors.

Acknowledgements: We express our deep gratitude to the participants in this project and relevant authorities both from the medical area and academic environment

Author contributions: Conception and design of the study: J.G-M & C.F-S; Data collection: G. A-M, A. P-G & A. M. CS; Data analysis: C. F-S, M^a. H. P & A.M. C-S; Drafting manuscript: J. G-M & M^a. H. P; Reviews for academic content: C.F-S, G. A-M. All authors approved the final version submitted for publication.

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