

The VIPS Model - Implementation and Validity in Different Areas of Nursing Care

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The development of common concepts and terms for nursing practice is crucial for the effective use of nursing-information systems. In Sweden, the VIPS model has been developed to support the systematic and common documentation of nursing care in patient records. The model has been widely used in different areas of nursing practice. This literature review was conducted as a part of a larger project to study the validity and reliability of the VIPS model, as well as its dissemination into the Swedish health-care system. The findings showed in general good reliability and content validity for the keywords in the VIPS model. The implications for the further development of the model are discussed.

Introduction

With the aim of supporting the systematic and common documentation of nursing care, the VIPS model was scientifically developed and published in 1991.¹ VIPS is the acronym for the Swedish spelling of the four key concepts: well-being, integrity, prevention and safety. This is one of the many efforts to promote communication, safe practice and evaluation going on in the nursing profession around the world. Patient records constitute an important tool in everyday nursing practice and are one of the most important bases for quality assurance. The International Council of Nurses^{2,3} has stressed the need to find words to express nursing practice and has initiated a collection of different nursing terms. The nursing interventions in the VIPS model are one of the source systems of concepts for cross-mapping in the Alpha Version of the International Classification for Nursing Practice (ICNP).⁴ There has been an increasing awareness of the importance of nursing documentation in patient records during the last decade.^{5,6} Demands for more efficient care and quality improvement have also increased.^{7,8} In addition, computerized patient-care records are increasingly being used by nurses.^{9,10,11}

In order to make proper use of computerized patient records it is fundamental that nurses should develop structured documentation using keywords. Nurses need to develop basic concepts and terms that are common to various specialties. Concepts and terms need to be based on nursing research and nursing theories, but they also have to be simple and understandable enough to be disseminated into everyday nursing practice. The development of common terms and systematic documentation, together with computerized information systems, is crucial for the nurse's ability to ensure the individual patient's quality of care and to create clinical databases for quality improvement and research. Thus far, nurses in Sweden have been involved to only a small extent in development and decision-making concerning information systems. One consequence is that many computerized systems lack the functions that support the nurse's clinical reasoning and use of the nursing process. To change this situation, it is vital that nurses, with or without computerized systems, should decide what nursing information patient records should contain. The VIPS model represents a common point of reference in these efforts across different areas of nursing practice.

The VIPS model is based on the four key concepts of nursing: well-being; integrity; prevention; and safety, and consists of keywords on two levels, following the nursing process. The model is widely used in different areas of nursing care, as well as in nursing education throughout Sweden. Several Swedish software programs use the model as a framework for nursing-care documentation. In order to gather more knowledge of its validity, reliability and practical use, a study was conducted in 1994.¹² Different methods and materials were used. The aim of this presentation is to describe the findings from one part of the study (the literature review) and to discuss the reliability and validity of the VIPS model.

Methods and material

Among other methods, a review of the scientific papers and other reports describing the use of and experience with the VIPS model was conducted. These papers and reports were obtained from a search of the literature in library databases, from nursing-research units in Sweden and from our knowledge of various projects, and covered both developmental projects and scientific reports. The material used consisted of studies of nursing documentation and of the VIPS model conducted from 1992 onwards.¹³⁻²⁸

Results

Fourteen scientific studies were found with different aims and designs. Most of them focused on reviews of the nursing-care contents of patient records, using the VIPS model as an instrument of analyses. Some studies described the use of and experiences with the model and some used computerized nursing records. The studies covered a wide spectrum of nursing-care areas, such as nursing homes, psychogeriatric, geriatric, medical, surgical, orthopaedic, neonatal and primary health care. The VIPS model was found to promote systematic documentation following the nursing process and was useful in different areas of nursing care. The model had also been used as a point of reference for studies of the conceptual validity of nursing-intervention classifications.^{27,28}

Nurses who used the VIPS model in computerized patient records reported that they worked in a more structured fashion and put more effort into planning care, following the introduction of the research project. They claimed that they could more easily identify patient problems and interventions. The recording of patient problems found in nursing records was significantly more comprehensive than before. At the same time, the total amount of time spent in communicating information concerning patient care was decreased, although it was not statistically significant.¹³

The main findings of the literature review showed in general good reliability and content validity for the keywords in the VIPS model. Some of the studies revealed the need for further elaboration and revision of some of the keywords. In the area of knowledge and development, the studies showed that the patient's need for information should be elaborated. In the care of patients with dementia, Kuremyr *et al*²³ pointed to the need to clarify some of the keywords in order to elaborate the emotional and cognitive status, as well as the activities of daily living (ADL). A revision of the model following these empirical findings has been made.¹²

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