JOURNÉES NATIONALES

DES INFIRMIER.E.S EN PRATIQUE AVANCÉE

10ÈME ÉDITION

10 ans d'évolution de la pratique avancée
Toujours en transition ?

8·9 octobre 2026

CIUP - Maison internationale, 17 Bvd Jourdan - 75014 Paris



jnipa.fr

JNPA ANFIPA

Comment valoriser son travail de recherche, publier et points de vigilance

Paul Quindroit

Maître de conférences en sciences infirmières

Université de Lille - UFR3S - ULR2694 Metrics



JOURNÉES NATIONALES DES INFIRMIER.E.S EN PRATIQUE AVANCÉE 10e édition

JNPA ANFIPA

Déclaration de liens d'intérêts

Je soussigné Paul Quindroit,
déclare avoir eu au cours des cinq dernières années :

Aucun lien d'intérêt à déclarer



Pourquoi valoriser son travail de recherche ?

Choisir son format de valorisation

- **Article professionnel** : partager des retours d'expérience, des bonnes pratiques et des actualités du métier.
- **…ntifique** : Présenter une recherche de manière détaillée, expliciter la méthode et discuter les rés… …n par les pairs.
- **Communication orale** : présenter les messag… …travail et les discuter avec les participants d'un congrès.
- **Poster scientifique** : donner une synthèse visuelle de son travail et faciliter les échanges autour des résultats.

Le choix dépend du public visé, du message à transmettre et de l'avancement du travail

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Valorisation écrite

Valorisation écrite

1. Littérature de vulgarisation
2. Revue professionnelle
3. Revue scientifique
4. Littérature grise

Valorisation écrite

1. **Littérature de vulgarisation**
2. Revue professionnelle
3. Revue scientifique
4. Littérature grise

- Revue destinée au grand public, qui simplifie et popularise des résultats scientifiques
- Objectif : informer, sensibiliser, parfois convaincre
- Ne pas citer dans la bibliographie







Valorisation écrite

1. Littérature de vulgarisation
2. **Revue professionnelle**
3. Revue scientifique
4. Littérature grise

- Revues rédigées par et pour les professionnels de santé, centrées sur la pratique
- Références bibliographies surtout réglementaire ou institutionnel
- Retours d'expérience, bonnes pratiques, actualités du métier
- Pas de validation scientifique







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LA REVUE DE RÉFÉRENCE INFIRMIÈRE
SOINS
N° 905
mai 2026
5 Actu soins
• Les infirmières libérales signent un accord à 503 millions d'euros avec l'Assurance maladie
• Plus de 5 500 appels en 2025 : SPS alerte sur la souffrance des soignants et étudiants
• Greffes : des besoins insuffisamment couverts
• La méningite reste une cause importante de mortalité dans le monde
56 Pratique avancée
• État des lieux et impacts organisationnels des IPA et infirmiers spécialisés exerçant dans les Sdis en France
60 Sciences infirmières
• Les théories de moyenne portée : un pont entre théorie et pratique infirmière
DOSSIER 20
Quels impacts de l'IA sur la pratique soignante ?

Pré sommaire = 36 à 42 pages max // décembre 2025

	Auteurs/Co-auteurs/ Mail correspondant	pages	**Titre**	**Questions**	avancement / relecture	référents
Avant propos	[redacted]	1 p	IA au service des soins			
Article de cadrage	[redacted]	4 à 6p	État des lieux des connaissances sur l'IA dans les soins			
1	[redacted]		Éthique et Garantie Humaine de l'IA			
2	[redacted]		Droit de l'IA en santé			
3	[redacted]		Défi les cadres de santé dans l'intégration de l'IA en milieu hospitalier			

TEG1 Pourtant, cette volonté politique se confronte à certaines réalités en plus d'un usage restreint du numérique par les managers. Tout d'abord, le cursus proposé dans les 37 instituts de formation des cadres de santé français reste à ce jour basé sur un référentiel modulaire "historique" issu du décret du 18 août 1995 [b], où la formation au numérique dépend en grande partie des projets andragogiques de chaque institut [8]. Ensuite, la publication en 2020 de la fiche du diplôme de "cadre de santé" au répertoire national des certifications professionnelles (RNCP34818) éditée par France Compétence, qui s'appuie sur un document de travail sur la réingénierie du diplôme cadre de décembre 2012 [12], démontre une absence de compétence numérique (*tableau 1*).

TEG1 Il semble donc exister une tension entre les ambitions politiques et la réalité de terrain de l'usage de l'IA chez les cadres de santé, considérés comme un "maillon central" des organisations hospitalières [13,14] mouvantes et en perpétuelle transformation [15,16] où leurs missions se complexifient [17]. Mais qu'en est-il concrètement des utilisations réelles de cette technologie, des défis qu'elle suppose ?

T1 Cas d'usage de l'IA pour les cadres de santé

L'intégration progressive de l'IA dans les organisations de santé transforme, pour certains, la manière dont les cadres de santé pilotent les activités. Les travaux internationaux montrent que l'IA devient un appui opérationnel pour analyser de grands volumes de données, suivre l'activité en temps réel, anticiper les besoins et alléger certaines tâches administratives répétitives. Dans le champ du management, ces outils peuvent être utiles pour améliorer la visibilité sur les effectifs, repérer les tensions organisationnelles et faciliter l'élaboration de scénarios de répartition des ressources[1]. L'objectif est moins de remplacer l'expertise managériale que d'en renforcer la capacité d'anticipation et de décision [18].

[redacted]
Nous vous proposons de passer ce contenu sous forme de tableau. ok

Paul Quindroit
Ok

[redacted] 27 janvier 2026
Pouvez-vous en citer quelques-uns en référence ? Merci beaucoup. Paul ou Yann ?

Paul Quindroit
Nasef D, Nasef D, Sawiris V, Weinstein B, Garcia J, Toma M. Integrating artificial intelligence in clinical practice, hospital management, and health policy: literature review. Journal of Hospital Management and Health Policy

Ali O, Abdelbaki W, Shrestha A, Elbasi E, Alryalat MAA, Dwivedi YK. A systematic literature review of artificial intelligence in the healthcare sector: Benefits, challenges, methodologies, and functionalities. Journal of Innovation & Knowledge. 2023 Jan 1;8(1):100333.

Utilisation de l'IA par les cadres de santé : quelle réalité, quelle tension, quelle formation ?

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Le développement de l'intelligence artificielle (IA) dans les établissements de santé, dans la lignée des politiques nationales, se heurte à une réalité contrastée. Les cadres de santé restent peu formés au numérique. Les études montrent que l'IA peut renforcer leur capacité d'anticipation, à condition de garantir transparence, éthique et supervision humaine. Cependant, des freins persistent. Pour réussir cette transition, une formation continue, des protocoles clairs et une gouvernance adaptée sont essentiels.

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Mots clés – cadre de santé ; formation ; intelligence artificielle ; manager ; utilisation

The use of AI by healthcare executives: What is the reality, what are the challenges, and what training is needed? The development of artificial intelligence (AI) in healthcare facilities, in line with national policies, faces a mixed reality. Healthcare executives remain poorly trained in digital technology. Studies show that AI can enhance their ability to anticipate needs, provided that transparency, ethics, and human oversight are ensured. However, obstacles remain. To successfully navigate this transition, ongoing training, clear protocols, and appropriate governance are essential.

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Keywords – artificial intelligence; healthcare executive; manager; training; use

Valorisation écrite

1. Littérature de vulgarisation
2. Revue professionnelle
3. **Revue scientifique**
4. Littérature grise

- Présente les résultats d'une recherche
- Bibliographie composée d'articles scientifiques
- Figures et tableaux
- Publications validées par un comité de lecture







Choisir son format de valorisation

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Standardized Nursing Terminologies in Computerized Systems: A Bibliometric Analysis of Global Research Trends

Abstract

The integration of standardized nursing terminologies (SNTs) into computerized systems represents a major step toward enhancing the visibility, interoperability, and quality of nursing documentation. To better understand how this field has evolved, this study provides a bibliometric overview of global research examining the use and implementation of SNTs in computerized environments. A rapid review of the Web of Science Core Collection was conducted to identify peer-reviewed publications up to August 2025. Data were analyzed using Bibliometrix and Biblioshiny to perform descriptive, citation, and network analyses, complemented by a quantitative synthesis of SNTs and computerized systems reported in the included studies.

A total of 258 articles were included. Publication activity has grown steadily over the past three decades, with an average of 7.4 publications per year. NANDA-I, ICNP, and the Omaha System were the most frequently studied terminologies, while electronic health records were the predominant computerized context. The United States, Brazil, and Korea were leading contributors to this research field.

Overall, findings reveal a growing but uneven body of evidence. Despite increasing adoption, major challenges remain regarding semantic interoperability, cross-system integration, and long-term sustainability of SNT implementation in digital health infrastructures.

Keywords: nursing informatics, standardized nursing terminologies, computerized systems, bibliometric analysis

Introduction

The digital transformation of healthcare has fundamentally altered how nursing practice is documented, communicated, and evaluated within clinical environments [Wang 2024]. Standardized nursing terminologies (SNTs) have been developed to address the historical challenge of capturing the complexity and nuance of nursing practice in a structured manner [Dunn Lopez 2023]. Unlike medical diagnoses, which have long benefited from standardized coding systems, nursing practice has traditionally relied on narrative documentation [Thoroddsen, 2014]. While rich in detail, this approach lacks the structure necessary for systematic analysis and comparison [Macieira et al., 2018]. The development of SNTs such as NANDA International (NANDA-I), Nursing Interventions Classification (NIC), Nursing Outcomes Classification (NOC), the International Classification for Nursing Practice (ICNP), and the integration of nursing concepts within Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT), have emerged as solutions to bridge this gap between the art of nursing and the science of data management. SNTs are therefore critical for making nursing practice visible, improving care quality, and enabling data-driven decision making [Monsen et al., 2023].

The systematic incorporation of SNTs into computerized health platforms, including electronic health records (EHRs), clinical decision support systems (CDSS), and other digital infrastructures, has become a central strategy for modern healthcare [Fennelly, 2021]. Computerized health platforms provide the foundation for interoperability across settings, allowing nursing data to be integrated into broader health information exchanges, quality measurement frameworks, and population health initiatives [Torab-Miandoab 2023]. In particular, research has shown that successful implementation can lead to improved documentation quality, enhanced decision support, better measurement of nursing-sensitive patient outcomes, and increased visibility of nursing's contribution to healthcare [Bertocchi et al., 2023]. The feasibility of updating and standardizing datasets has been demonstrated, for example, by mapping the Nursing Management Minimum Data Set to Logical Observation Identifiers Names & Codes (LOINC), enabling reuse of nursing management data

Methods

Study Design

We conducted a bibliometric analysis to examine the scientific literature on the use of SNTs in computerized health systems. To identify and select the relevant articles, we used a rapid review approach. Rapid reviews are a form of knowledge synthesis that streamline or omit specific steps of a traditional systematic review to provide timely and policy-relevant evidence while maintaining methodological rigor [Tricco et al., 2015]. This study followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for reporting to ensure transparency and reproducibility [Page et al. 2021].

Data Sources and Search Strategy

We searched Web of Science (Core Collection) without time restrictions, from database inception to August 2025. Search terms combined concepts related to standardized nursing terminologies (e.g., "NANDA-I," "NIC," "NOC," "ICNP," "Omaha System," "SNOMED CT") and computerized systems (e.g., "electronic health record," "clinical decision support," "computerized documentation"). Boolean operators (AND/OR) and truncations (*) were applied to maximize retrieval. The full search strategy is available in Supplementary Table 1.

Inclusion and Exclusion Criteria

Retrieved publications were screened against predefined inclusion and exclusion criteria. Inclusion criteria were as follows: original peer-reviewed research articles or systematic/scoping reviews; focused on the use or implementation of SNTs within EHRs, CDSS, or other computerized documentation systems; and involving nursing practice or education in clinical settings. Exclusion criteria were as follows: non–peer-reviewed publications (eg. editorials, conference abstracts, protocols, commentaries); and studies focusing solely on the development of SNTs without application in computerized systems.

Results

Literature Retrieval and Selection

The literature retrieval and selection processes are illustrated in Figure 1. The initial database search of the Web of Science yielded 483 records. After title screening, 177 records were excluded. Abstract screening led to the exclusion of 196 additional records. Following full-text review, four records were excluded, resulting in a final inclusion of 258 articles. The reasons for exclusion were: not SNTs and not computerized system. The overall selection process is summarized in the PRISMA flow diagram (Figure 1).

Descriptive analysis

On average, 7.4 publications were produced per year (SD = 5.6). Across the whole corpus, the annual growth rate of publications was 4.3%, with a article average age of 11.8 years. Each article received on average 10.16 citations, and the set of included studies collectively cited 4,927 references.

The annual number of publications on SNTs in computerized systems showed irregular growth between 1994 and the mid-2000s, with several fluctuations and occasional peaks. From 2010 onward, the trend became more consistent, with a marked increase culminating in a sharp peak in 2019, followed by a decline in 2020. Since then, the number of publications has stabilized at a moderate level, indicating sustained but variable research activity in this field (Figure 2). The top five most cited countries were the United States (n = 1349), Brazil (n = 134), Korea (n = 114), Iceland (n = 84), and Finland (n = 79).

The distribution of corresponding authors' countries revealed a clear predominance of the United States, which contributed the highest number of publications, followed by Brazil and Korea. Italy, Spain, China, and Canada also appeared among the most active contributors, while several European and non-European countries accounted for a smaller number of documents. Both single-country publications (SCP) and multiple-country publications (MCP) were represented, with international collaboration particularly notable in the United States and Brazil (Figure 3).

Discussion

Principal findings

This bibliometric analysis provides the first comprehensive overview of how SNTs have been implemented and studied within computerized health systems. Overall, publication output has grown steadily since the late 1990s, with an annual growth rate of 4.3%. On average, articles in this field are relatively old, suggesting that research on SNTs in computerized systems is well established but has not accelerated in recent years.

The analysis revealed that the NANDA-I, NIC, and NOC framework dominates the literature, accounting for more than half of the identified studies.

EHRs represented the main environment in which SNTs were implemented, highlighting the centrality of documentation systems for making nursing practice visible.

Together, these findings demonstrate both the progress and persistent fragmentation of research on SNTs in computerized systems. While adoption has occurred across multiple terminologies and settings, integration with interoperability standards remains limited, and growth in publication output appears modest compared to other areas of nursing informatics.

Comparison with previous research

The findings of this bibliometric analysis are broadly consistent with earlier research examining the adoption and impact of SNTs in computerized health systems. Previous studies have highlighted the predominance of a limited set of terminologies, most notably NANDA-I, NIC, NOC, ICNP, and SNOMED CT, which were also the most frequently identified in our review [Fennelly 2021; Bertocchi 2025; Shin 2021; Bertocchi 2023]. The concentration of research around these systems reflects both their long history of development and their recognition by international professional organizations [Jones et al., 2010; Kim et al., 2019].

Earlier reviews have also described a steady but moderate increase in publications related to nursing documentation and terminology use over the past two decades [Fennelly 2021; De Groot 2022]. This aligns with our observation of progressive growth in the number of studies, although the rate of expansion remains slower compared to other fields of health informatics. Similar to our results, prior

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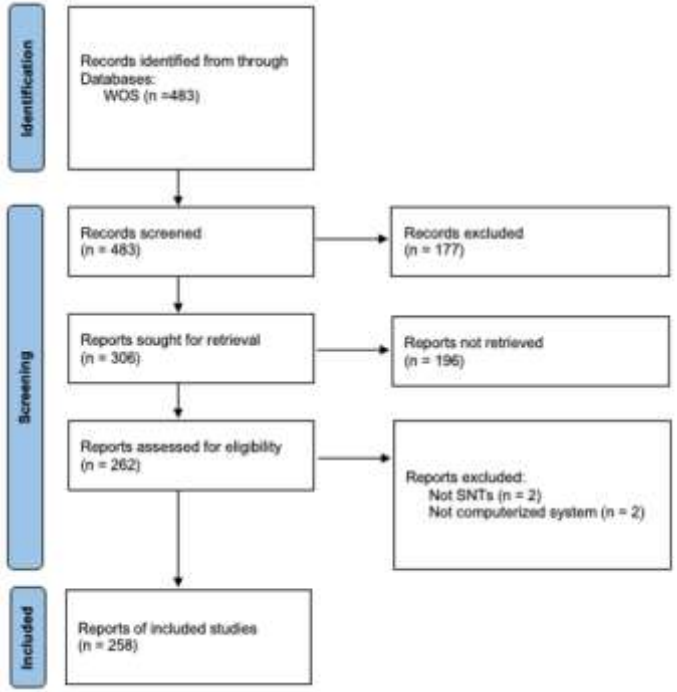
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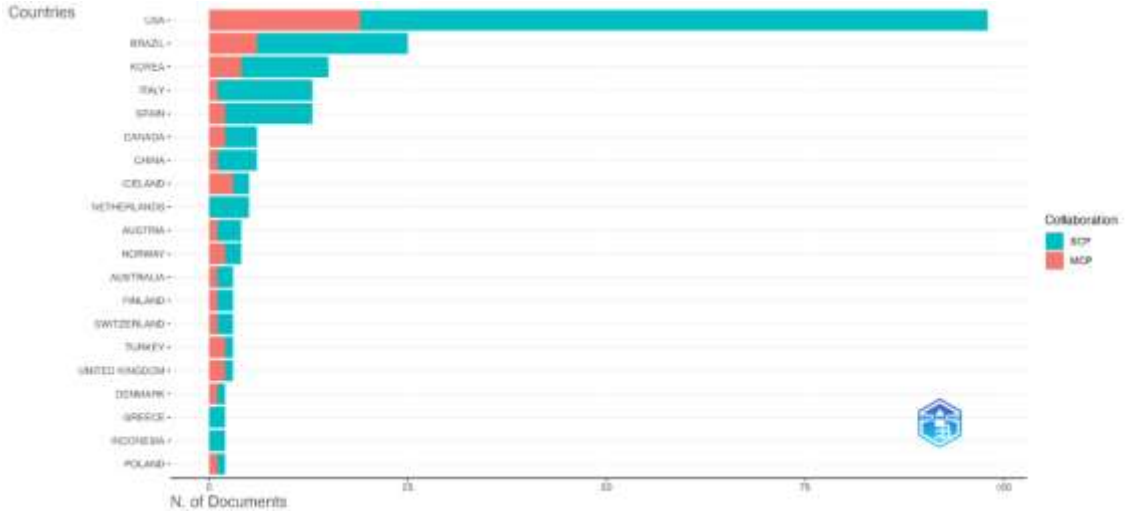
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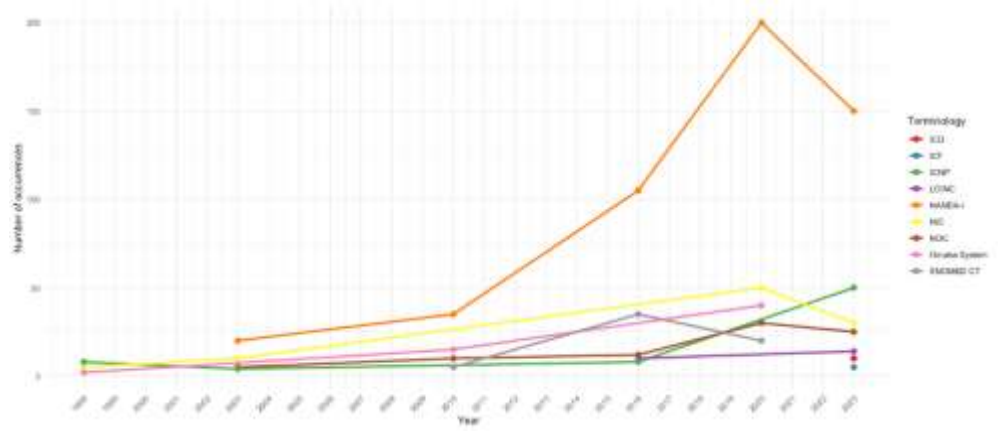


Table 1: frequency and percentage of SNTs identified in the included studies.

Terminology	Count	Percentage
NANDA-I	901	52.2
ICNP	198	11.5
Omaha System	179	10.4
NIC	159	9.2
NOC	128	7.4
SNOMED CT	79	4.6
CCC	26	1.5
LOINC	24	1.4
ICF	10	0.6
ICD	10	0.6
NMDS	7	0.4
PNDS	3	0.2
FiCND/FiCNI	1	0.1
LEP Nursing	1	0.1
C-HOBIC	1	0.1

Journal name	JCR Abbreviation	Publisher	ISSN	eISSN	Category	Edition	otal Citation	2024 JIF	JIF Quartile
INTERNATIONAL JOURNAL OF NURSING STUDIES	INT J NURS STUD	PERGAMON-ELSEVIER SCIEN	0020-7489	1873-491X	NURSING	SCIE, SSCI	17,539	7.1	Q1
Journal of Nursing Regulation	J NURS REGUL	ELSEVIER	2155-8256	2155-8264	NURSING	SCIE, SSCI	875	6.3	Q1
Intensive and Critical Care Nursing	INTENS CRIT CARE NUR	ELSEVIER SCI LTD	0964-3397	1532-4036	NURSING	SCIE, SSCI	3,607	4.7	Q1
NURSE EDUCATION TODAY	NURS EDUC TODAY	CHURCHILL LIVINGSTONE	0260-6917	1532-2793	NURSING	SCIE, SSCI	16,954	4.2	Q1
Women and Birth	WOMEN BIRTH	ELSEVIER	1871-5192	1878-1799	NURSING	SCIE, SSCI	4,448	4.1	Q1
JMIR Nursing	JMIR NURS	JMIR PUBLICATIONS, INC	N/A	2562-7600	NURSING	ESCI	350	4.0	Q1
Nurse Education in Practice	NURSE EDUC PRACT	ELSEVIER SCI LTD							
Journal of Nursing Management	J NURS MANAGE	WILEY							
BMC NURSING	BMC NURS	BMC							
European Journal of Cardiovascular Nursing	EUR J CARDIOVASC NUR	OXFORD UNIV PRESS							
Worldviews on Evidence-Based Nursing	WORLDV EVID-BASED NU	WILEY							
NURSING OUTLOOK	NURS OUTLOOK	ELSEVIER SCIENCE INC							
INTERNATIONAL NURSING REVIEW	INT NURS REV	WILEY							
JOURNAL OF CLINICAL NURSING	J CLIN NURS	WILEY							
JOURNAL OF ADVANCED NURSING	J ADV NURS	WILEY							
International Journal of Mental Health Nursing	INT J MENT HEALTH NU	WILEY							
International Journal of Nursing Sciences	INT J NURS SCI	ELSEVIER							
Nurse Educator	NURS EDUC	LIPPINCOTT WILLIAMS & WI							
Nursing Inquiry	NURS INQ	WILEY							
JOURNAL OF PROFESSIONAL NURSING	J PROF NURS	W B SAUNDERS CO-ELSEVIEI							
JOURNAL OF NURSING SCHOLARSHIP	J NURS SCHOLARSHIP	WILEY							
Journal of Family N									
Canadian Journal of									
Journal of Psychiatr									
Journal of Tissue Vi									
Asia-Pacific Journal									
NURSING ETHICS									
Australian Critical C									
International Journa									
European Journal of									

Journal name	JCR Abbreviation	Publisher	ISSN	eISSN	Category	Edition	otal Citation	2024 JIF	JIF Quartile
APPLIED NURSING RESEARCH	APPL NURS RES	W B SAUNDERS CO-ELSEVIEF	0897-1897	1532-8201	NURSING	SCIE, SSCI	3,429	2.2	Q2
NURSING RESEARCH	NURS RES	LIPPINCOTT WILLIAMS & WII	0029-6562	1538-9847	NURSING	SCIE, SSCI	4,829	2.2	Q2
ADVANCES IN NURSING SCIENCE	ADV NURS SCI	LIPPINCOTT WILLIAMS & WII	0161-9268	1550-5014	NURSING	SCIE, SSCI	2,042	2.2	Q2
ARCHIVES OF PSYCHIATRIC NURSING	ARCH PSYCHIAT NURS	W B SAUNDERS CO-ELSEVIEF	0883-9417	1532-8228	NURSING	SCIE, SSCI	3,187	2.2	Q2
AMERICAN JOURNAL OF CRITICAL CARE	AM J CRIT CARE	AMER ASSOC CRITICAL CARE	1062-3264	1937-710X	NURSING	SCIE	2,671	2.2	Q2
MCN-The American Journal of Maternal-Child Nursing	MCN-AM J MATERN-CHIL	LIPPINCOTT WILLIAMS & WII	0361-929X	1539-0683	NURSING	SCIE, SSCI	1,153	2.2	Q2
Global Qualitative Nursing Research	GLOB QUALIT NURS RES	SAGE PUBLICATIONS INC	2333-3936	2333-3936	NURSING	ESCI	1,098	2.1	Q2
Workplace Health & Safety	WORKPLACE HEALTH SAF	SAGE PUBLICATIONS INC	2165-0799	2165-0969	NURSING	SCIE, SSCI	1,564	2.1	Q2
Pain Management Nursing	PAIN MANAG NURS	ELSEVIER SCIENCE INC	1524-9042	1532-8635	NURSING	SCIE, SSCI	2,474	2.1	Q2
Biological Research for Nursing	BIOL RES NURS	SAGE PUBLICATIONS INC	1099-8004	1552-4175	NURSING	SCIE	1,971	2.1	Q2
Contemporary Nurse	CONTEMP NURSE	ROUTLEDGE JOURNALS, TAY	1037-6178	1839-3535	NURSING	SCIE, SSCI	1,760	2.1	Q2
Australian Journal of Rural Health	AUST J RURAL HEALTH	WILEY	1038-5282	1440-1584	NURSING	SCIE, SSCI	2,044	2.1	Q2
International Journal of Orthopaedic and Trauma Nursing	INT J ORTHOP TRAUMA	ELSEVIER SCI LTD	1878-1241	1878-1292	NURSING	ESCI	499	2.1	Q2
			2039-439X	2039-4403	NURSING	ESCI	970	2.0	Q2
			0029-6473	1744-6198	NURSING	ESCI	2,445	2.0	Q2
			1755-599X	1878-013X	NURSING	SCIE, SSCI	1,935	2.0	Q2
			1089-9472	1532-8473	NURSING	SCIE, SSCI	2,054	2.0	Q2
			1322-7114	1440-172X	NURSING	SCIE, SSCI	3,066	2.0	Q2
			1744-9871	1744-988X	NURSING	ESCI	2,221	2.0	Q2
			WII 0888-0395	1945-2810	NURSING	SCIE, SSCI	1,322	2.0	Q2
			WII 0002-936X	1538-7488	NURSING	SCIE, SSCI	2,944	2.0	Q2
			0884-2175	1552-6909	NURSING	SCIE, SSCI	3,036	2.0	Q2
			1748-3735	1748-3743	NURSING	SCIE, SSCI	1,401	2.0	Q2
			IRE 0279-5442	1940-8250	NURSING	SCIE, SSCI	1,312	2.0	Q2
			N/A	2588-994X	NURSING	SCIE, SSCI	550	1.9	Q2
			WII 0002-0443	1539-0721	NURSING	SCIE, SSCI	3,173	1.9	Q2
			0148-4834	1938-2421	NURSING	SCIE, SSCI	3,800	1.9	Q2
			0031-5990	1744-6163	NURSING	SCIE, SSCI	2,854	1.9	Q2

Journal name	JCR Abbreviation	Publisher	ISSN	eISSN	Category	Edition	otal Citation	2024 JIF	JIF Quartile
International Journal of Care Coordination	INT J CARE COORD	SAGE PUBLICATIONS LTD	2053-4345	2053-4353	NURSING	ESCI	200	1.2	Q3
Nursing-Research and Reviews	NURSING-RES REV	DOVE MEDICAL PRESS LTD	2230-522X	2230-522X	NURSING	ESCI	118	1.2	Q3
Iranian Journal of Nursing and Midwifery Research	IRAN J NURS MIDWIFE	WOLTERS KLUWER MEDKNO	1735-9066	2228-5504	NURSING	ESCI	1,845	1.2	Q3
Korean Journal of Women Health Nursing	KOREAN J WOMEN HEALT	KOREAN SOC WOMEN HEAL	2287-1640	2093-7695	NURSING	ESCI	299	1.2	Q3
Journal of Infusion Nursing	J INFUS NURS	LIPPINCOTT WILLIAMS & WII	1533-1458	1539-0667	NURSING	ESCI	893	1.2	Q3
Revista Brasileira de Enfermagem	REV BRAS ENFERM	ASSOC BRASILEIRA ENFERM/	0034-7167	1984-0446	NURSING	ESCI	4,071	1.2	Q3
Clinical Journal of Oncology Nursing	CLIN J ONCOL NURS	ONCOLOGY NURSING SOC	1092-1095	1538-067X	NURSING	SCIE, SSCI	2,039	1.2	Q3
International Journal of Nursing Education Scholarship	INT J NURS EDUC SCHO	WALTER DE GRUYTER GMBH	2194-5772	1548-923X	NURSING	ESCI	664	1.1	Q3
AORN JOURNAL	AORN J	WILEY	0001-2092	1878-0369	NURSING	SCIE, SSCI	1,691	1.1	Q3
JOURNAL OF PSYCHOSOCIAL NURSING AND MENTAL HE/	J PSYCHOSOC NURS MEN	SLACK INC	0279-3695	1938-2413	NURSING	SCIE, SSCI	1,313	1.1	Q3
International Journal of Palliative Nursing	INT J PALLIAT NURS	MA HEALTHCARE LTD	1357-6321	1357-6321	NURSING	ESCI	1,181	1.1	Q3
Journal of Gerontological Nursing	J GERONTOL NURS	SLACK INC	0098-9134	1938-243X	NURSING	SCIE, SSCI	1,602	1.1	Q3
Enfermeria Clinica	ENFERM CLIN	ELSEVIER ESPANA SLU	1130-8621	1579-2013	NURSING	ESCI	1,215	1.1	Q3
Rehabilitation Nursing	REHABIL NURS	LIPPINCOTT WILLIAMS & WII	0278-4807	2048-7940	NURSING	SCIE, SSCI	896	1.0	Q3
NURSING ECONOMICS	NURS ECON	JANNETTI PUBLICATIONS, IN	0746-1739	N/A	NURSING	SCIE, SSCI	573	1.0	Q3
Nursing Practice Today	NURS PRACT TOD-IRAN	TEHRAN UNIV MEDICAL SCIE	2383-1154	2383-1162	NURSING	ESCI	341	1.0	Q3
Advanced Emergency Nursing Journal	ADV EMERG NURS J	LIPPINCOTT WILLIAMS & WII	1931-4485	1931-4493	NURSING	ESCI	402	1.0	Q3
Acta Paulista de Enfermagem	ACTA PAUL ENFERM	UNIV FED SAO PAULO, DEPT	0103-2100	1982-0194	NURSING	SCIE, SSCI	1,343	1.0	Q3
Enfermeria Intensiva	ENFERM INTENSIV	ELSEVIER SCIENCE INC	1130-2399	1578-1291	NURSING	ESCI	312	1.0	Q3
Journal of Forensic Nursing	J FORENSIC NURS	LIPPINCOTT WILLIAMS & WII	1556-3693	1939-3938	NURSING	SCIE, SSCI	608	0.9	Q4
Creative Nursing	CREAT NURS	SAGE PUBLICATIONS INC	1078-4535	1946-1895	NURSING	ESCI	425	0.9	Q4
Journal of Community Health Nursing	J COMMUN HEALTH NURS	ROUTLEDGE JOURNALS, TAY	0737-0016	1532-7655	NURSING	SCIE, SSCI	490	0.9	Q4
Journal of Nursing Measurement	J NURS MEAS	SPRINGER PUBLISHING CO	1061-3749	1945-7049	NURSING	ESCI	1,144	0.9	Q4
Clinical Nurse Specialist	CLIN NURSE SPEC	LIPPINCOTT WILLIAMS & WII	0887-6274	1538-9782	NURSING	SCIE, SSCI	783	0.9	Q4
Assistenza Infermieristica e Ricerca	ASSIST INFERM RIC	PENSIERO SCIENTIFICO EDIT	1592-5986	2038-1778	NURSING	SCIE, SSCI	147	0.9	Q4
NURSE PRACTITIONER	NURSE PRACT	LIPPINCOTT WILLIAMS & WII	0361-1817	1538-8662	NURSING	ESCI	614	0.9	Q4
Journal of Trauma Nursing	J TRAUMA NURS	LIPPINCOTT WILLIAMS & WII	1078-7496	1932-3883	NURSING	SCIE, SSCI	779	0.9	Q4
JNP- The Journal for Nurse Practitioners	JNP-J NURSE PRACT	ELSEVIER SCIENCE INC	1555-4155	1878-058X	NURSING	SCIE, SSCI	1,544	0.8	Q4
Florence Nightingale Journal of Nursing	FLOR NIGHT J NURS	AVES	2687-6442	2687-6442	NURSING	ESCI	504	0.8	Q4
Journal of Korean Academy of Nursing	J KOREAN ACAD NURS	KOREAN SOC NURSING SCIE	2005-3673	2093-758X	NURSING	SCIE, SSCI	1,117	0.8	Q4
Pacific Rim International Journal of Nursing Research	PAC RIM INT J NURS R	THAILAND NURSING & MIDW	1906-8107	1906-8107	NURSING	ESCI	417	0.8	Q4

Journal name	JCR Abbreviation	Publisher	ISSN	eISSN	Category	Edition	otal Citation	2024 JIF	JIF Quartile	2024 JCI	of Citable O
Biological Research for Nursing	BIOL RES NURS	SAGE PUBLICATIONS INC	1099-8004	1552-4175	NURSING	SCIE	1,971	2.1	Q2	0.85	3.55%
Contemporary Nurse	CONTEMP NURSE	ROUTLEDGE JOURNALS, TAY	1037-6178	1839-3535	NURSING	SCIE, SSCI	1,760	2.1	Q2	0.75	36.84%
Australian Journal of Rural Health	AUST J RURAL HEALTH	WILEY	1038-5282	1440-1584	NURSING	SCIE, SSCI	2,044	2.1	Q2	0.70	69.57%
International Journal of Orthopaedic and Trauma Nursing	INT J ORTHOP TRAUMA	ELSEVIER SCI LTD	1878-1241	1878-1292	NURSING	ESCI	499	2.1	Q2	0.66	36.63%
Nursing Reports	NURS REP	MDPI	2039-439X	2039-4403	NURSING	ESCI	970	2.0	Q2	1.10	100.00%
NURSING FORUM	NURS FORUM	WILEY	0029-6473	1744-6198	NURSING	ESCI	2,445	2.0	Q2	1.07	68.08%
International Emergency Nursing	INT EMERG NURS	ELSEVIER SCI LTD	1755-599X	1878-013X	NURSING	SCIE, SSCI	1,935	2.0	Q2	0.89	32.27%
Journal of PeriAnesthesia Nursing	J PERIANESTH NURS	ELSEVIER SCIENCE INC	1089-9472	1532-8473	NURSING	SCIE, SSCI	2,054	2.0	Q2	0.87	9.52%
International Journal of Nursing Practice	INT J NURS PRACT	WILEY	1322-7114	1440-172X	NURSING	SCIE, SSCI	3,066	2.0	Q2	0.84	21.18%
Journal of Research in Nursing	J RES NURS	SAGE PUBLICATIONS LTD	1744-9871	1744-988X	NURSING	ESCI	2,221	2.0	Q2	0.77	16.54%
JOURNAL OF NEUROSCIENCE NURSING	J NEUROSCI NURS	LIPPINCOTT WILLIAMS & WI	0888-0395	1945-2810	NURSING	SCIE, SSCI	1,322	2.0	Q2	0.74	5.83%
AMERICAN JOURNAL OF NURSING	AM J NURS	LIPPINCOTT WILLIAMS & WI	0002-936X	1538-7488	NURSING	SCIE, SSCI	2,944	2.0	Q2	0.72	0.00%
JOGNN-JOURNAL OF OBSTETRIC GYNECOLOGIC AND NE	JOGNN-J OBST GYN NEO	ELSEVIER SCIENCE INC	0884-2175	1552-6909	NURSING	SCIE, SSCI	3,036	2.0	Q2	0.70	13.38%
International Journal of Older People Nursing	INT J OLDER PEOPLE N	WILEY	1748-3735	1748-3743	NURSING	SCIE, SSCI	1,401	2.0	Q2	0.62	53.07%
Critical Care Nurse	CRIT CARE NURSE	AMER ASSOC CRITICAL CARE	0279-5442	1940-8250	NURSING	SCIE, SSCI	1,312	2.0	Q2	0.57	0.00%
Australasian Emergency Care	AUSTRALAS EMERG CARE	ELSEVIER SCI LTD	N/A	2588-994X	NURSING	SCIE, SSCI	550	1.9	Q2	1.06	27.46%
JOURNAL OF NURSING ADMINISTRATION	J NURS ADMIN	LIPPINCOTT WILLIAMS & WI	0002-0443	1539-0721	NURSING	SCIE, SSCI	3,173	1.9	Q2	0.83	3.96%
JOURNAL OF NURSING EDUCATION	J NURS EDUC	SLACK INC	0148-4834	1938-2421	NURSING	SCIE, SSCI	3,800	1.9	Q2	0.80	3.92%
PERSPECTIVES IN PSYCHIATRIC CARE	PERSPECT PSYCHIATR C	WILEY	0031-5990	1744-6163	NURSING	SCIE, SSCI	2,854	1.9	Q2	0.77	64.64%
EUROPEAN JOURNAL OF CANCER CARE	EUR J CANCER CARE	WILEY	0961-5423	1365-2354	NURSING	SCIE, SSCI	4,882	1.9	Q2	0.66	72.32%
CIN-COMPUTERS INFORMATICS NURSING	CIN-COMPUT INFORM NU	LIPPINCOTT WILLIAMS & WI	1538-2931	1538-9774	NURSING	SCIE, SSCI	1,941	1.9	Q2	0.48	12.26%
JOURNAL OF HUMAN LACTATION	J HUM LACT	SAGE PUBLICATIONS INC	0890-3344	1552-5732	NURSING	SCIE	2,804	1.8	Q2	0.89	11.17%
SCANDINAVIAN JOURNAL OF CARING SCIENCES	SCAND J CARING SCI	WILEY	0283-9318	1471-6712	NURSING	SSCI	4,340	1.8	Q2	0.88	77.83%
Journal of Pediatric Health Care	J PEDIATR HEALTH CAR	ELSEVIER SCIENCE INC	0891-5245	1532-656X	NURSING	SCIE, SSCI	1,945	1.8	Q2	0.85	7.26%
Journal of Wound Ostomy and Continence Nursing	J WOUND OSTOMY CONT	LIPPINCOTT WILLIAMS & WI	1071-5754	1528-3976	NURSING	SCIE, SSCI	2,280	1.8	Q2	0.80	12.50%
Clinical Nursing Research	CLIN NURS RES	SAGE PUBLICATIONS INC	1054-7738	1552-3799	NURSING	SCIE, SSCI	1,731	1.8	Q2	0.76	6.44%
Teaching and Learning in Nursing	TEACH LEARN NURS	ELSEVIER SCIENCE INC	1557-3087	1557-2013	NURSING	ESCI	1,283	1.7	Q2	0.99	13.61%
NURSING CLINICS OF NORTH AMERICA	NURS CLIN N AM	W B SAUNDERS CO-ELSEVIE	0029-6465	1558-1357	NURSING	SCIE, SSCI	1,326	1.7	Q2	0.97	0.00%

CIN: Computers, Informatics, Nursing

Online Submission and Review System

Author Resources

Instructions for Authors (this page)

Instructions for Authors

CIN: Computers, Informatics, Nursing has specific instructions and guidelines for submitting articles. **Please read and review these carefully using the quick links below.** Articles not submitted in accordance to these instructions and guidelines are more likely to be rejected.

Main Manuscript:

The manuscript will be submitted as a separate file when you are instructed to attach files to your submission. Compose your manuscript using your word processor, then attach this file when you reach the "attach files" step in the submission process.

Please note the following guidelines for preparing your manuscript:

- Prepare the manuscript double spaced in Microsoft Word. Leave a 1-inch margin on all sides. Allow a ragged right margin for text --- not justified.
- Type all headings on a separate line. Do not number headings.
- Number all lines in the manuscript and number the manuscript pages consecutively in the upper right-hand corner (text and references, followed by illustrations on separate pages).
- All legends for Tables and Figures are to be included at the end of manuscript after the list of references. Tables and Figures are attached as separate files when you reach "attach files" in the submission process. Further instructions for preparing figures are given below.
- Although *CIN* does not specify a font or point size, in general a 12-point serif or 11-point sans serif font will result in the preferred manuscript length.
- No identifying information (authors' names) should be included on the manuscript. However, if you cite your own works, please list them just as you would any other reference.
- Write out the full term for each abbreviation or acronym at its first use unless it is a standard unit of measure. Include the acronym in parentheses after the full term; thereafter, please use the acronym consistently.
- Manuscript length (excluding references, tables, and figures) should be no more than 18 pages, standard 8.5 x 11 inch page size). As a general rule, an 18-page paper should have no more than 4 figures or tables.
- Please refer to the American Medical Association Manual of Style, 11th edition, copyright 2020, for citations and references. See examples for citations and references below.



La *cover letter* : à quoi sert-elle ?

- Présenter l'article à l'éditeur
- Souligner son apport scientifique
- Justifier le choix de la revue
- Confirmer l'accord des auteurs et l'exclusivité de la soumission

METRICS
ULR 2694

Université de Lille – secteur Santé

Unité Labélisée de Recherche 2694

Evaluation des technologies de santé et des pratiques médicales

November 10, 2025

Dear Professor Heather Carter-Templeton,

We are pleased to submit our manuscript entitled "Standardized Nursing Terminologies in Computerized Systems: A Bibliometric Analysis of Global Research Trends" for consideration for publication in *CIN: Computers, Informatics, Nursing*.

This study provides the first comprehensive bibliometric and rapid review–based synthesis of global research examining the implementation and use of standardized nursing terminologies (SNTs) in computerized health systems, including electronic health records, clinical decision support systems, and other digital documentation environments. By combining bibliometric mapping with a quantitative content analysis, the study identifies trends in publication activity, leading terminologies and systems, and thematic hotspots shaping nursing informatics research over the past three decades.

Our findings reveal steady growth in scholarly output since the 1990s, with NANDA-I, ICNP, and the Omaha System emerging as the most frequently studied terminologies and electronic health records as the primary context for implementation. Despite progress, challenges persist regarding interoperability, sustainability, and evidence linking SNT adoption to clinical outcomes—issues central to the mission of *CIN*.

We believe that *CIN* is the most appropriate venue for this work, as it provides a forum for advancing the science of nursing informatics and for promoting evidence-based approaches to digital documentation, interoperability, and decision support.

We certify that this submission is an original study. Neither this manuscript nor substantial parts of it are under consideration for publication elsewhere; nor have they been published or made available elsewhere in a manner that could be construed as a prior or duplicate publication of the same content. All authors have critically revised the manuscript for important intellectual content and approved its final form. There are no conflicts of interest to report.

Thank you very much for considering our submission. We look forward to your response.

Yours sincerely,

Dr Paul Quindroit

ULR2694 (METRICS), Faculté de Médecine Pôle Recherche, 1 Place de Verdun, F-59045 LILLE CEDEX

☎ (+33) 3 20 62 69 69



Reviewer #1: Thank you for the opportunity to review this comprehensive bibliometric analysis of SNTs in computerized systems. The manuscript addresses an important and underexplored area and provides valuable insights into global research trends over the past three decades. The use of Bibliometrix/ Biblioshiny is appropriate, and the analysis is generally clear, well structured, and grounded in contemporary literature. The paper is well-positioned to make a meaningful contribution to the field. This manuscript provides meaningful insight into publication trends, leading terminologies, and international research patterns, and it will be of interest to scholars and practitioners in nursing informatics and digital health.

Strengths

* Comprehensive bibliometric approach using established tools.
* Clear synthesis of trends in terminology use and research output.
* Strong visualization of patterns through figures and tables.
* Timely topic with relevance to nursing informatics and digital documentation.

Areas for Consideration:

Several areas could be modestly strengthened to further enhance the manuscript's impact and practical relevance.

1. The discussion of interoperability could be expanded either within the current manuscript or as a direction for future work. While the manuscript acknowledges interoperability challenges, it does not fully explain why integration of SNTs into broader health information technology ecosystems remains limited. A brief discussion of structural differences between standardized nursing terminologies and more widely adopted standards such as SNOMED CT, LOINC, and FHIR-based frameworks would strengthen this section.
2. The paper convincingly outlines research trends but could be strengthened by connecting these trends to the day-to-day realities of clinical nursing practice. Briefly addressing how SNT's influence communication, patient safety, and documentation workflows would help readers better appreciate their practical significance. Additionally, noting how fragmented or inconsistent adoption across systems may contribute to documentation burden or impede clinical reasoning could enhance the applied relevance of the findings.

« La discussion sur l'interopérabilité pourrait être davantage développée, soit dans le manuscrit actuel, soit comme piste pour de futurs travaux »

We sincerely thank Reviewer 1 for their positive and encouraging feedback on our manuscript. We are grateful for the careful reading and for highlighting the overall quality of the methods, findings, and theoretical integration. We have addressed all typographical issues as suggested and believe these revisions have further improved the clarity and consistency of the manuscript. Responses to each reviewer comment are provided below in **blue**. Revisions in the manuscr are highlighted.

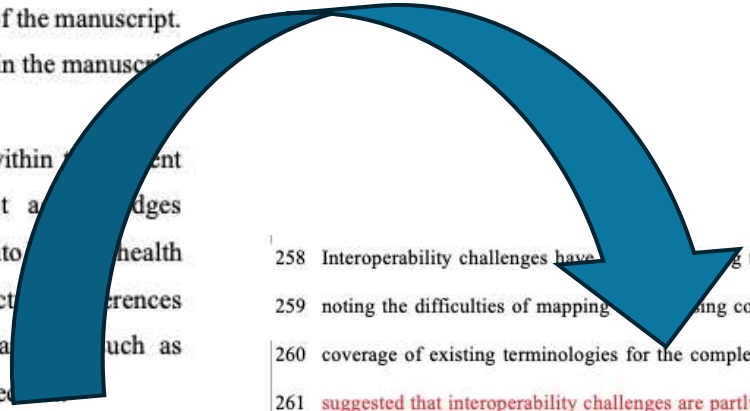
Comment #1: The discussion of interoperability could be expanded either within t ent manuscript or as a direction for future work. While the manuscript a dges interoperability challenges, it does not fully explain why integration of SNTs into health information technology ecosystems remains limited. A brief discussion of struct rences between standardized nursing terminologies and more widely adopted sta uch as SNOMED CT, LOINC, and FHIR-based frameworks would strengthen this se

Response:

Thank you for this insightful suggestion. We agree that the interoperability dimension deserved further clarification. In response, we expanded the Discussion section to provide additional explanations regarding the challenges associated with integrating standardized nursing terminologies into broader health information technology ecosystems. Specifically, we added a discussion of the structural and functional differences between nursing-specific terminologies and widely adopted interoperability standards such as SNOMED CT, LOINC, and FHIR.

To support this discussion, we incorporated several references addressing semantic interoperability, terminology mapping, and integration into electronic health record systems. In particular, we cited studies describing the integration of nursing terminologies into SNOMED CT and interoperable infrastructures, including the development of SNOMED CT nursing subsets and cross-mapping approaches. We also added references discussing the role of standardized terminologies in interoperability and electronic health records more broadly.

These additions highlight how differences in scope, granularity, implementation practices, and international adoption may contribute to the limited interoperability and integration of standardized nursing terminologies within broader digital health ecosystems.



258 Interoperability challenges have g theme in the literature, with authors consistently
259 noting the difficulties of mapping ing concepts to international standards and the limited
260 coverage of existing terminologies for the complexity of nursing practice [26]. Several authors have
261 suggested that interoperability challenges are partly explained by the structural differences between
262 nursing-specific terminologies and broader interoperability standards used in health information
263 systems. While classifications such as NANDA-I, NIC, and NOC were primarily developed to
264 represent nursing practice and support clinical reasoning, standards such as SNOMED CT and
265 LOINC were designed to facilitate large-scale semantic interoperability and data exchange across
266 disciplines and institutions. As a result, nursing terminologies may differ in granularity, conceptual
267 organization, and implementation logic, making integration into interoperable electronic health
268 record infrastructures more complex [27,28]. Recent work has also highlighted the growing role of FHIR-
269 based architectures in supporting interoperability; however, the integration of nursing-specific
270 concepts within these frameworks remains uneven and incompletely standardized [29]. These structural

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Paul Quindroit
a mis en forme : Anglais (E.U.)



Decision regarding CIN-D-25-00513R2 - [EMID:d5cca39acca59242]

Expéditeur : em cin 0 9d286b 898d342a de la part de em@editorialmanager.com

À: Paul Quindroit

Répondre à: cinjournaloffice



08/01/2026

RE: CIN-D-25-00513R2, entitled "Standardized Nursing Terminologies in Computerized Systems: A Bibliometric Analysis of Global Research Trends"

Dear Dr Quindroit,

I am pleased to inform you that your manuscript has been reviewed and is accepted for publication in CIN: CIN: Computers, Informatics, Nursing. Congratulations!

If all co-authors have completed the author copyright and disclosure questionnaire, materials will be prepared and forwarded to production staff for electronic proofin

>>Please note: your co-author Aurélie Demagny-Warmoes has not yet completed the author task.

If you are interested in open access publishing, please see the information below the signature. Open access requests must be received within 48 hours, before files

Finally, as an author of an accepted peer-reviewed manuscript, we ask that you consider "paying it forward" by reviewing a manuscript if you receive a request from

Best regards,

Heather D. Carter-Templeton, PhD, RN, NI-BC, FAAN
Editor-in-Chief
CIN: Computers, Informatics, Nursing
https://www.editorialmanager.com/cin/



Original Research

Standardized Nursing Terminologies in Computerized Systems

A Bibliometric Analysis of Global Research Trends

Dylan Pin, RN[a,b], Antoine Lamer, PhD[a,b,c], Aurélie Demagny-Warmoes, MSc[d], Emmanuelle Cartron, PhD[e], Paul Quindroit, PhD[f]

The integration of standardized nursing terminologies (SNTs) into computerized systems represents a major step toward enhancing the visibility, interoperability, and quality of nursing documentation. To better understand how this field has evolved, this study provides a bibliometric overview of global research examining the use and implementation of SNTs in computerized environments. A rapid review of the Web of Science Core Collection was conducted to identify peer-reviewed publications up to August 2025. Data were analyzed using Bibliometrix and Biblioshiny to perform descriptive, citation, and network analyses, complemented by a quantitative synthesis of SNTs and computerized systems reported in the included studies. A total of 258 articles were included. Publication activity has grown steadily over the past 3 decades, with an average of 7.4 publications per year. NANDA-I, ICNP, and the Omaha System were the most frequently studied terminologies, while electronic health records were the predominant computerized context. The United States, Brazil, and Korea were leading contributors to this research field. Overall, findings reveal a growing but uneven body of evidence. Despite increasing adoption, major challenges remain regarding semantic interoperability, cross-system integration, and long-term sustainability of SNT implementation in digital health infrastructures.

Keywords: nursing informatics, standardized nursing terminologies, computerized systems, bibliometric analysis

BACKGROUND

The digital transformation of health care has fundamentally altered how nursing practice is documented, communicated, and evaluated within clinical environments.[1] Standardized nursing terminologies (SNTs) have been developed to address the historical challenge of capturing the complexity and nuance of nursing practice in a structured manner.[2] Unlike medical diagnoses, which have long benefited from standardized coding systems, nursing practice has traditionally relied on narrative documentation.[3] While rich in detail, this approach lacks the structure necessary for systematic analysis and comparison.[4] The development of SNTs such as NANDA International (NANDA-I), Nursing Interventions Classification (NIC), Nursing Outcomes Classification (NOC), the International Classification for Nursing Practice (ICNP), and the integration of nursing concepts within Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT), have emerged as solutions to bridge this gap between the art of nursing and the science of data management. SNTs are therefore critical for making nursing practice visible, improving care quality, and enabling data-driven decision making.[5]

The systematic incorporation of SNTs into computerized health platforms, including electronic health records (EHRs), clinical decision support systems (CDSS), and other digital infrastructures, has become a central strategy for modern health care.[6] Computerized health platforms provide the foundation for interoperability across settings, allowing nursing data to be integrated into broader health information exchanges, quality measurement frameworks, and population health initiatives.[7] In particular, research has shown that successful implementation can lead to improved documentation quality, enhanced decision support, better measurement of nursing-sensitive patient outcomes, and increased visibility of nursing's contribution to health care.[8] The feasibility of updating and standardizing data sets has been demonstrated, for example, by mapping the Nursing Management Minimum Data Set to Logical Observation Identifiers Names & Codes (LOINC), enabling reuse of nursing management data within EHRs and data warehouses for quality improvement and meaningful use.[9] However, gaps remain in the coverage of nur-

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The authors have disclosed that they have no significant relationship with, or financial interest in, any commercial companies pertaining to this article.

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Soumission
11/10/2025

↓

Acceptation
08/01/2026

89 jours ≈ 3 mois

Valorisation écrite

1. Littérature de vulgarisation
2. Revue professionnelle
3. Revue scientifique
4. **Littérature grise**

- Mémoires, thèses, rapports institutionnels,
- Utile pour compléter une recherche
- À citer avec prudence (vérifier la source et la fiabilité)

HAL science ouverte





Valoriser son travail en congrès

Choisir son format de valorisation

- **Article professionnel** : partager des retours d'expérience, des bonnes pratiques et des actualités du métier.
- **Article scientifique** : Présenter une recherche de manière détaillée, expliciter la méthode et discuter les résultats après évaluation par les pairs.
- **Communication orale** : présenter les messages essentiels d'un travail et les discuter avec les participants d'un congrès.
- **Poster scientifique** : donner une synthèse visuelle de son travail et faciliter les échanges autour des résultats.



Appel à communications

Communications orales courtes

Les auteurs des abstracts sélectionnés seront amenés à présenter leur travail en 15 min dans une session spécifique.

Communications par affichage

Les auteurs recevront ultérieurement des consignes précises pour créer leur poster. Toutes les thématiques se rapportant aux sciences infirmières seront priorisées.

Communications « Ma recherche doctorale en 180 secondes »

Les doctorants dont la thèse s'inscrit dans le champ des sciences infirmières seront priorisés. Les candidats sélectionnés seront amenés à présenter, en 3 minutes, leur projet de thèse de manière originale mais rigoureuse devant le public et un jury. Cette session vise à valoriser les recherches doctorales en sciences infirmières, à favoriser les échanges entre jeunes chercheurs et à mettre en lumière les travaux émergents de la discipline.

Un prix de la meilleure présentation sera décerné à l'issue de la session.

Modalités de soumission

Quelles que soient la modalité de communication envisagée, les auteurs sont invités à soumettre un résumé de 300 mots maximum précisant :

- le titre
- le contexte et les objectifs ;
- la méthodologie (méthode de recherche ou méthode de mise en œuvre et évaluation pour la présentation d'innovations);
- les principaux résultats (ou les résultats attendus pour les travaux en cours) ;
- les perspectives et implications pour les sciences infirmières ;
- les références citées (style Vancouver).

Le décompte des mots sera effectué du contexte jusqu'aux perspectives et implications pour les sciences infirmières (hors titre et références). Tout résumé dépassant la limite de 300 mots ne sera pas pris en compte par le comité scientifique.

Ce résumé devra impérativement être accompagné des éléments d'information suivants :

- le nom et le prénom, la fonction et l'affiliation du ou des auteurs
- une attestation d'inscription en doctorat pour les candidats à la session « ma recherche doctorale en 180 secondes »
- l'organisme ou l'institution soutien ou promoteur du projet
- l'adresse mail de l'auteur principal
- les mots clés du projet

Critères de sélection

- Originalité de la proposition
- Clarté des objectifs et/ou hypothèses
- Adéquation et rigueur méthodologique
- Qualité de la présentation des résultats
- Potentiel de contribution à l'avancement de la discipline

→ **FORMULAIRE DE SOUMISSION D'UNE PROPOSITION DE COMMUNICATION**

La date limite de soumission des résumés est prolongée jusqu'au 15 octobre 2026.



2es Journées Nationales d'Étude du CoFECSI

« Les enjeux contemporains des sciences infirmières – Perspectives pour la pratique, l'enseignement et la recherche »

(Paris, 3–4 décembre 2026, Université Sorbonne Paris Nord – Campus de Bobigny)

Deadline: 15 October 2026

Link: https://www.espace-e.com/distant/cofecsi/mailing_cofecsi2026(appelacom).html

FR Version:

Axe thématique : Clinique (innovations dans les soins / prévention et promotion de la santé)

Type de communication : Poster

Titre : Efficacité d'une vidéo éducative interactive dans l'éducation thérapeutique des enfants atteints de diabète de type 1 : protocole d'essai contrôlé randomisé

Auteurs (le nom, le prénom, et la fonction) : GULLO Beatrice[1,2], MSc; CICOLINI Giancarlo[2,3], PhD; COMPARCINI Dania[2,4], PhD; QUINDROIT Paul[5], PhD; SIMONETTI Valentina[2,3], PhD

Affiliations:

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[2] Center of Innovation in Nursing Research (CINR) - Center for Advanced Studies and Technology (CAST), "G. d'Annunzio" University of Chieti-Pescara, Chieti, Italy;

[3] Department of Innovative Technologies in Medicine & Dentistry, "G. d'Annunzio" University of Chieti-Pescara, Chieti, Italy;

[4] Interdisciplinary Department of Medicine, Aldo Moro University of Bari, Bari, Italy;

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Adresse mail (Auteur Principal) : beatrice.gullo@students.uniroma2.eu

ABSTRACT

Contexte et objectifs : Le diabète de type 1 (DT1) touche plus de 1,2 million d'enfants dans le monde (1). Son autogestion nécessite une éducation thérapeutique structurée (2), que les interventions numériques peuvent renforcer (3). Toutefois, les *vidéos éducatives interactives* associant *vidéo* et *serious games* restent peu étudiées en pédiatrie. Cette étude vise à évaluer l'efficacité d'une *vidéo éducative interactive*, en complément de l'éducation traditionnelle en *face-à-face*, sur l'équilibre métabolique d'enfants atteints de DT1.

Méthodologie : Un essai contrôlé randomisé monocentrique en groupes parallèles (NCT07639307) sera mené au *Regional Paediatric Diabetology Centre,* Chieti (2026–2028). Des enfants de 8 à 12 ans (N=110) atteints de DT1(≥6 mois) seront randomisés 1 :1 : groupe intervention (n=55), recevant *«Luca's Journey»,* une *vidéo éducative interactive*, en complément de l'éducation *face-à-face*, ou groupe contrôle (n=55), recevant l'éducation *face-à-face* seule. La vidéo sera validée par dix experts puis pré-testée. Le critère principal est la différence entre groupes de la variation de l'hémoglobine glyquée (HbA1c) entre l'inclusion et six mois, indicateur clé de l'équilibre métabolique. Les critères secondaires comprennent : (i) le contrôle glycémique (glycémie à jeun, fréquence des hypo- et hyperglycémies); (ii) les variables cliniques et anthropométriques; (iii) les connaissances nutritionnelles (*Nutrition Knowledge Survey*, 23 items) (4); (iv) l'adhésion à l'autogestion (*Diabetes Management Questionnaire*, 21 items) (5). Les données seront recueillies à plusieurs temps via les dossiers cliniques et un auto-questionnaire.

Résultats attendus : L'intervention devrait améliorer de façon cliniquement significative l'HbA1c (>0.5 %), les connaissances nutritionnelles et les comportements d'autogestion, favorisant l'implication des enfants au quotidien.

Perspectives et implications pour les sciences infirmières : Si elle est efficace, la vidéo pourrait offrir aux infirmiers un outil numérique reproductible, peu coûteux et fondé sur des preuves pour renforcer l'éducation thérapeutique, l'autonomisation de l'enfant et de sa famille dans l'autogestion, et des soins centrés sur l'enfant dans les maladies chroniques pédiatriques.

Références (Vancouver) :

1. Ogle GD, James S, Dabelea D, Pihoker C, Svennson J, Maniam J, et al. Global estimates of incidence of type 1 diabetes in children and adolescents: results from the International Diabetes Federation Atlas, 10th edition. Diabetes Res Clin Pract. 2022;183:109083.
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3. Tınmaz G, Altundağ S. The effect of diabetes education given to children with type 1 diabetes mellitus with digital games and video animation on quality of life. J Pediatr Nurs. 2025;81:142-54.
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5. Mehta SN, Nansel TR, Volkening LK, Butler DA, Haynie DL, Laffel LM. Validation of a contemporary adherence measure for children with type 1 diabetes: the Diabetes Management Questionnaire. Diabet Med. 2015;32(9):1232-8. doi:10.1111/dme.12682.

Mots-clés: Diabète de type 1; Soins infirmiers en pédiatrie; Éducation thérapeutique du patient; Essais contrôlés randomisés comme sujet; Autogestion; Connaissances, attitudes et pratiques en santé; Hémoglobine glyquée

Word count: 299/300

Choisir son format de valorisation

- **Article professionnel** : partager des retours d'expérience, des bonnes pratiques et des actualités du métier.
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PROGRAMME - WEDNESDAY 21 MAY 2025

11:00–12:30 **SESSION G10** Room 1

Chair: Paris Gallos

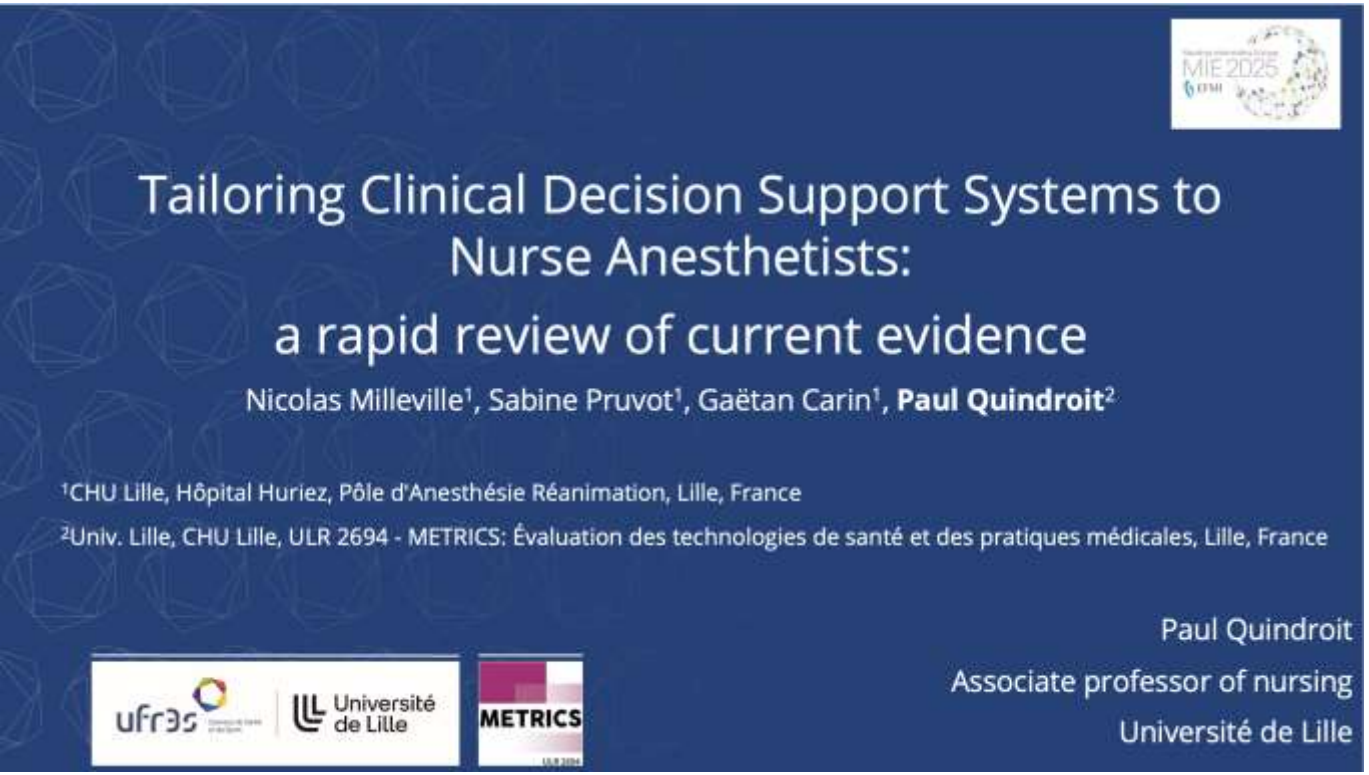
Computable knowledge and decision support

PANEL: Clinical decision support system evaluation framework: what should be considered? Xia Jing

OMOP-on-FHIR: Integrating the Clinical Data Through FHIR Bundle to OMOP-CDM. Prabath Jayatissa

Tailoring Clinical Decision Support Systems to nurse anesthetists: A Rapid Review of Current Practice. Paul Quindroit

Data Sharing's Different Meanings: A Hierarchy of Privacy and Ethical Challenges. Ross Koppel



La communication orale : transmettre l'essentiel et échanger

- Un message central adapté au public.

- Un déroulé structuré : contexte, méthode, résultats et conclusion.

- Des diapositives lisibles pour soutenir le propos.

- Un temps limité à respecter et à préparer.

- Une discussion pour répondre aux questions et recueillir des retours.

Choisir son format de valorisation

- **Article professionnel** : partager des retours d'expérience, des bonnes pratiques et des actualités du métier.
- **Article scientifique** : Présenter une recherche de manière détaillée, expliciter la méthode et discuter les résultats après évaluation par les pairs.
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émois
6-5 avril 2024, Lille

Analyse Rétrospective des Pratiques de Soins Infirmiers à Domicile pour les patients atteints d'Affections de Longue Durée en France en 2022

Paul QUINDROIT[a,f], Antoine TESTON[b], Nicolas MILLEVILLE[c], Emmanuel CHAZARD[a], Chloé SAINT-DIZIER[a,d], Antoine LAMER[a,b,d]

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CONTEXTE
Affections longues durées (ALD) : large spectre de maladies et de troubles chroniques qui impactent la vie de millions d'individus et exercent une pression substantielle sur les systèmes de santé et les ressources disponibles [1].
Infirmiers à domicile : acteurs uniques de l'écosystème des soins de santé [2], jouent un rôle essentiel dans les soins et la gestion des patients en ALD.

OBJECTIF
décrire les activités des infirmiers à domicile français qui prodiguent des soins aux patients atteints d'ALD.

METHODOLOGIE
- Base complète du Système National des Données de Santé
- Extraction de l'ensemble des actes infirmiers réalisés à domicile entre le 01/01/2022 et le 31/12/2022 pour des patients atteints d'ALD.
- Catégorisation des actes en réalisation d'actes médicaux infirmiers (AMI), actes infirmiers de soins (AIS) ou démarche infirmière (DI).
- Identification des 5 ALD les plus fréquentes.

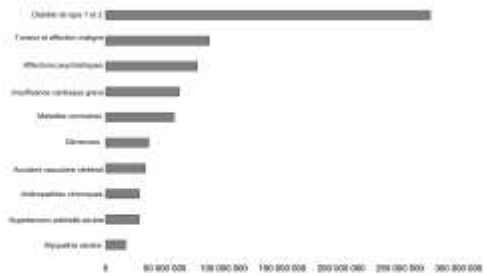
RESULTATS

Caractéristiques des patients et types de procédures par ALD

Caractéristiques	AMI n = 427,135,798	AIS n = 119,079,560	DI n = 661,040
Part du nombre total d'actes	79.22%	20.66%	0.12%
Age en années, Médiane [Q1;Q3]	73 [61;83]	80 [72;86]	87 [79;91]
Diabète de type 1 et 2	38.85%	18.97%	17.12%
Tumeur et affection maligne	9.54%	10.58%	7.08%
Affections psychiatriques longue durée	11.16%	10.56%	12.63%
Insuffisance cardiaque grave	7.21%	10.17%	14.12%
Démences	3.65%	11.68%	8.65%
Maladies coronaires	7.38%	6.91%	9.27%
Accident vasculaire cérébral	3.23%	7.90%	6.89%
Artériopathies chroniques	3.50%	3.94 %	4.56%
Hypertension artérielle sévère	3.48%	3.90 %	4.73%



Patients en ALD et soins infirmiers



Top 10 du nombre d'actes infirmiers par ALD en 2022

DISCUSSION – CONCLUSION
Le diabète est l'ALD pour laquelle les soins infirmiers sont les plus fréquents. Les données de l'étude nationale française ENTRED 3 montrent que la population des personnes diabétiques vieillit de deux ans de plus qu'en 2007 [3]. Dans ce contexte, une dimension de plus en plus reconnue des soins infirmiers à domicile est leur rôle central dans la prévention des problèmes de santé. Les avancées technologiques et l'expertise croissante des infirmiers à domicile permettent la mise en place de modèles de prestation de soins novateurs, tels que les consultations de télésanté, la surveillance à distance et les plans de soins personnalisés qui répondent spécifiquement aux besoins individuels des patients.

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[3] *Fosse-Edorh, Études Entred : un dispositif pour améliorer la connaissance de l'état de santé des personnes présentant un diabète en France – Premiers résultats de la troisième édition conduite en métropole en 2019 (2022).*

Le poster : un support pour échanger

- Une question centrale clairement identifiée.

- Une structure scientifique : contexte, objectif, méthode, résultats et discussion / conclusion.

- Des graphiques pour mettre en évidence les principaux résultats.

- Un message essentiel à retenir, développé lors des échanges



Worshop !

MIE 2023

sfmi SVENSK FÖRENING FÖR MEDICINSK INFORMATIK

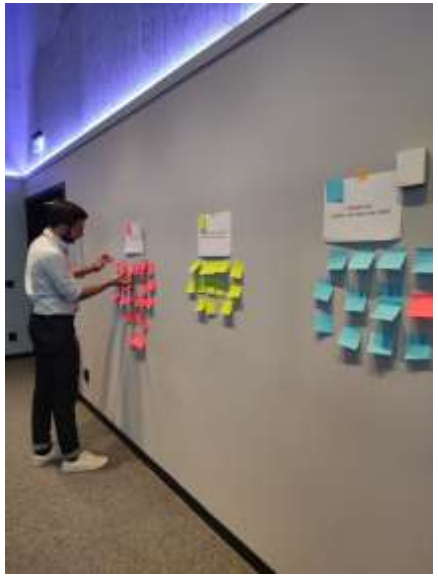
EFMI 45 EUROPEAN FEDERATION MEDICAL INFORMATICS



Lessons Learned from the Implementation of Health Data Warehouses : Participatory Development of Recommendations

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journal homepage: www.sciencedirect.com/journal/computer-methods-and-programs-in-biomedicine



Barriers encountered with clinical data warehouses: Recommendations from a focus group

Antoine Lamer[a,b,c,*], Benjamin Popoff[c,d], Boris Delange[c,e], Matthieu Doutreligne[f], Emmanuel Chazard[g], Romaric Marcilly[a,g], Sonia Priou[h], Paul Quindroit[a]

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Pour résumer

Étape	Actions concrètes	Points de vigilance
Choisir son format	Article professionnel ou scientifique, communication orale, poster	Public visé, message et avancement du travail
Choisir sa cible	Repérer une revue ou un congrès adapté	Pertinence, fiabilité et frais éventuels
Préparer son contenu	Structurer le propos et sélectionner les résultats essentiels	Consignes, lisibilité et limites de l'étude
Soumettre et réviser	Préparer les fichiers et répondre point par point aux commentaires	Accord des coauteurs, délais, pas de soumission simultanée d'un article à plusieurs revues
Partager son travail	Diffuser la publication et restituer les résultats aux équipes	Droits de diffusion, confidentialité et portée réelle des résultats

MERCI POUR VOTRE ATTENTION !



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Valorisation bibliométrique des publications

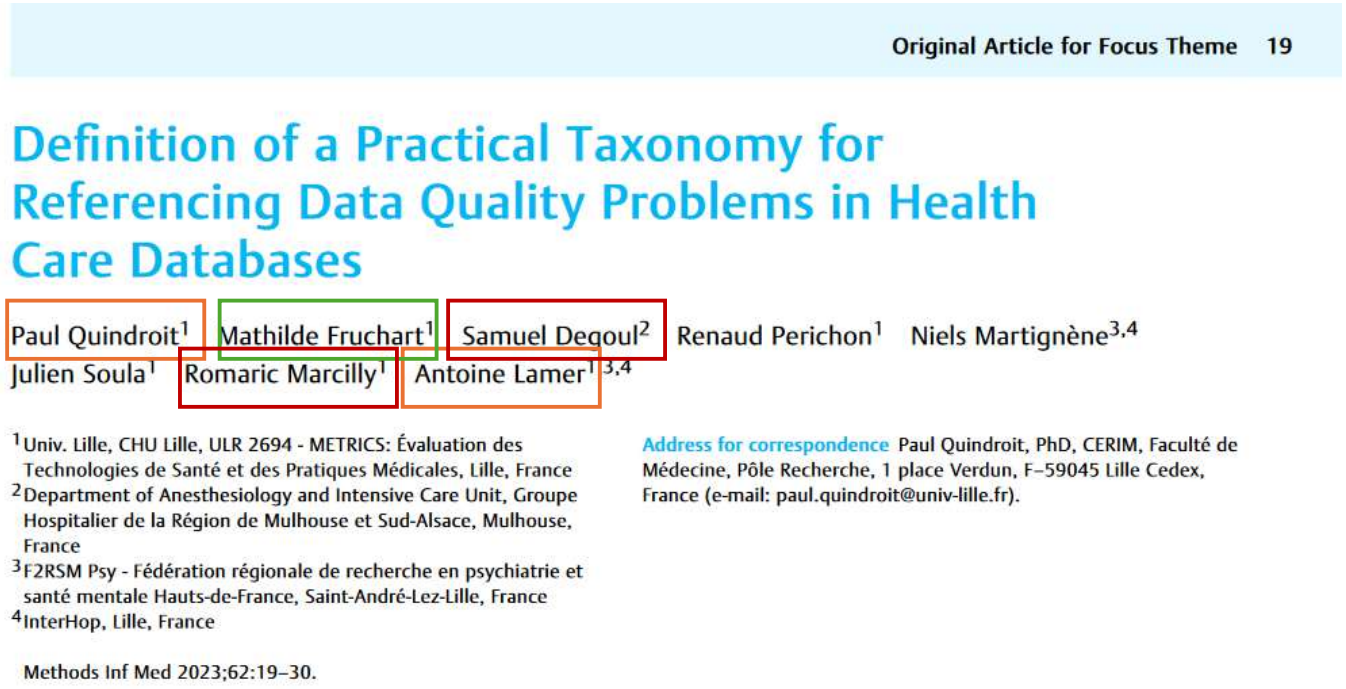
- Classement des journaux scientifiques
  - Facteur d'impact : fréquence citation articles d'autres publications
  - Nombre de citation total du journal / nombre total d'articles publiés
  - Classement en rangs (de A à E)

4 points

3 points

2 points

1 point



Original Article for Focus Theme 19

Definition of a Practical Taxonomy for Referencing Data Quality Problems in Health Care Databases

Paul Quindroit[1] Mathilde Fruchart[1] Samuel Degoul[2] Renaud Perichon[1] Niels Martignène[3,4]
Julien Soula[1] Romaric Marcilly[1] Antoine Lamer[1,3,4]

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[3]F2RSM Psy - Fédération régionale de recherche en psychiatrie et santé mentale Hauts-de-France, Saint-André-Lez-Lille, France
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Methods Inf Med 2023;62:19–30.

Valorisation bibliométrique des publications

- Calcul du point SIGAPS (Système d'Interrogation, de Gestion et d'Analyse des Publications Scientifiques)
  - Premier auteur = 4 points
  - Journal Methods of Information in Medecine = rang C (4 points)

- Point SIGAPS pour cet article : 4 x 4 = 16 points
- 1 point SIGAPS ± 600 €
- Pour cet article : 16 x 600 = 9600 € pour l'établissement

Tracking Events Affecting Secondary Uses of Medical Data : Description, Data Model, and Reporting

Antoine LAMER[a,b,c], Benjamin POPOFF[c,d], Boris DELANGE[c,e], and Paul QUINDROIT[a,c]

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MIE 2025 – 2025-05-19

