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# Abbreviation Use Habits in Nurses' Work

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## Abstract

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**Introduction.** The use of abbreviations in nursing practice is common and frequent. Abbreviations are considered a time saver but can lead to omissions in work due to misinterpretation.

**Aim.** To collect data on the attitudes and habits of using abbreviations in nursing practice, and to determine whether there is a difference with regard to professional education, place of work and years of service.

**Methods.** A cross-sectional study was conducted during September 2020. A questionnaire implemented by Koh et al. in their research was used; permission was obtained to adapt the questionnaire according to our needs. The study was conducted at three Clinics at the UHC Zagreb. A total of 50 questionnaires were distributed on every clinic. The study was approved by the UHC Zagreb's Ethics commission.

**Results.** The use of abbreviations is common in nursing practice. Nurses most often learn abbreviations from nurses with longer work experience and regard the use of abbreviations as acceptable. Nurses with 16 or more years of service use abbreviations significantly more often in order to save time, than respondents with up to 15 years of service. Nurses with up to 15 years of service significantly more often report incorrect application of therapy as a result of misinterpretation of abbreviations compared to nurses with longer working experience.

**Conclusion.** The study showed that abbreviations are often used in nursing practice. Standard abbreviations are most often used, although non-standard abbreviations are also increasingly present. Abbreviations are acceptable in nursing practice, although nurses must be made aware that the use of abbreviations can lead to omissions in the work. For this reason, other researchers who have studied the use of abbreviations suggest that lists of permitted abbreviations should be created at the institutional level and that they should be regularly updated.

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## Introduction

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An abbreviation is a shortened word or several words in written form; as a rule, it is written in lowercase letters and is not declined through cases (1). In the language of the medical profession, abbreviations are frequent, especially in written texts, and with the progress of science and technology, their use is becoming more frequent. Abbreviating terms means saving time while simultaneously achieving communication. A large influx of abbreviations, especially of foreign origin, can cause interference in communication due to the ambiguity of their meaning (2).

Medical terminology is the basic instrument for transmitting information between healthcare professionals and patients, but also between healthcare professionals. Every terminology, including those used in the medical profession, strives for standardization, which implies harmonization according to the principle of unequivocalness, systematicity and integration into the Croatian language system. Unequivocalness is an important characteristic of the language of science. Identical terms often have different meanings in different branches of science. Such non-uniformity in terminology leads to incomprehensible content, its misinterpretation and misunderstanding (3). Brunetti et al. in their study on the impact of the use of abbreviations on patient safety proved that the use of abbreviations bears risks for patient safety (4). Using the MEDMARX program, which collects and analyzes medication errors, he found that 30,000 of the 600,000 reported errors were attributed to errors caused by the use of abbreviations (4). Given that the program collects medication errors, the most common errors are related to the drug name, drug dosage, and the wrong route of drug administration (4). The Joint Commission created a 'Do not use list', i.e., a list of abbreviations that should not be used in medical documentation, so every institution in the USA that wants to be accredited must have this list implemented in its daily practice (5). The aim is to reduce the use of dangerous abbreviations that could jeopardize patient safety. In a study on the frequency of abbreviation use among physicians and nurses in Malaysia, the authors state that the main reason for using abbreviations is to avoid writing sentences entirely and thus save time. In the results of their study, they state that nurses are more prone to guessing

the meaning of an abbreviation. Both groups agreed that abbreviations are acceptable in everyday work (6). The Australian Health System has collected data on abbreviations used in health care settings and produced a detailed list of abbreviations that are allowed to be used (7). The initiative was started on the national level and is regulated by law. It is the responsibility of the healthcare staff to know which abbreviations are allowed, as well as the obligation to educate each newly hired healthcare worker. The list is updated once a year and is available to all healthcare workers (7). The Nursing and Midwifery Council also gives similar advice regarding the use of abbreviations in nursing practice (8). They believe that every healthcare institution should pay attention to how abbreviations are used and how many of them are used, to have a list of dangerous abbreviations and to conduct education. The focus is on expert professional societies that can create a nationally standardized list of permitted abbreviations (8).

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## Aim

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To collect data on the habits of using abbreviations in nursing practice.

To determine whether there is a difference in the way nurses use abbreviations, depending on their level of education, place of work and years of service.

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## Methods

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A cross-sectional study was conducted during September 2020. An anonymous questionnaire was used, consisting of four areas. The first area contained questions related to the level of education, place of work and years of service; the second area consisted of questions about the habits of using abbreviations (e.g. how often you use abbreviations in your work); the third area consisted of questions about the perception of abbreviations in nursing

practice (e.g. do you have problems interpreting abbreviations) through a series of statements to which respondents answered using a Likert scale where 1 meant 'I completely agree' and 5 meant 'I completely disagree'; the fourth area contained a list of abbreviations used in nursing practice in the departments where the research was conducted (e.g. EKG, BG, CT).

In the UHC Zagreb there is a document named DUI - List of abbreviations that may be used in nursing practice, which was used as the source for abbreviations in the fourth area. Koh et al. used a similar questionnaire (6), from whom permission was obtained to adapt the questionnaire according to our needs.

The study was conducted at three Clinics at the UHC Zagreb: the Clinic for respiratory diseases (KPB), the Clinic for heart and circulatory diseases (SKŽ) and the Clinic for neurology (NRL). At each clinic, 50 questionnaires were distributed, representing a total of 150 questionnaires; 136 questionnaires were filled out and returned to the researcher. The questionnaires were filled out by female nurses, with their average age being 35.3 (20 - 63 years of age). A convenience sample was used. Anonymity was ensured in such a way that each nurse received a questionnaire and

filled it out in a separate room and then put it in an envelope which she sealed. The study was approved by the UHC Zagreb's Ethics commission.

Descriptive analysis was used to display demographic data, as well as data related to the meaning of abbreviations. Differences in the perception of abbreviations with regard to the level of education, place of work and years of service were analyzed using the chi-square test, with a value of  $p < 0.05$  being considered significant.

## Results

The questionnaire was filled out by 136 respondents. The respondents were nurses from three clinics at the UHC Zagreb. At the clinic for respiratory diseases the questionnaire was filled out by 50 nurses, at the clinic for neurology by 44 nurses, and at the clinic for heart diseases by 42 nurses. The questionnaire was

Table 1. Respondents' demographic data

		n	%
Level of education	Nurse	56	41.2
	Bachelor of nursing	66	48.5
	Master of nursing / graduate nurse	14	10.3
Total		136	100
Place of work	Ward	87	64
	Intensive / post intensive care unit	30	22.1
	Other	19	14
Total		136	100
Years of service	Up to 5 years work experience	48	35.3
	5-15 years	27	19.9
	16-30 years	40	29.4
	More than 30 years	21	15.4
Total		136	100

**Table 2. Frequency and reasons for the use of abbreviations, sources of information about abbreviations and problems due to misinterpretation**

		n	%
Frequency of abbreviation use	all the time	11	8.1
	often	68	50
	occasionally	50	36.8
	rarely	7	5.1
Total		136	100
Sources of learning about abbreviations	professional literature	46	33.8
	coworkers	68	50
	physicians	10	7.4
	educational institutions	12	8.8
Total		136	100
Reason for abbreviation use	time saving	88	64.7
	space saving	13	9.6
	everyone uses abbreviations	23	16.9
	I don't feel like writing whole sentences	12	8.8
Total		136	100
Problems caused by incorrect interpretation of abbreviations	incorrect application of therapy	39	28.7
	incorrect time of therapy	15	11
	delayed therapy	29	21.3
	missed test	53	39
Total		136	100

filled out by female nurses. The largest number of respondents were Bachelors of Nursing, who mostly worked on wards, and mostly had less than five years of work experience. The data is shown in table 1.

Half of the respondents use abbreviations often, and an additional 36.8% use them occasionally, with time saving as the dominant reason for using them (64.7% of respondents). Coworkers are the source of information about abbreviations for half of the respondents (50%), 33.8% learn about them from professional literature. The most frequent problem caused by the misinterpretation of abbreviations are missed tests, as mentioned by 39% of respondents, followed by incorrect application of therapy (28.7% of respondents).

The highest level of agreement is with the statement 'I often encounter abbreviations in my work' (77.9% of respondents agree), followed by a high level of agreement that abbreviations are acceptable (72.1%), while 61.8% of respondents agree that they are necessary (61.8%). A fifth of respondents agree that they feel frustrated when interpreting abbreviations (21.3%) and that the interpretation of abbreviations interferes with their work (19.9%).

Nurses with 16 or more years of service use abbreviations significantly more often in order to save time, than respondents with up to 15 years of service.

Nurses with up to 15 years of service significantly more often report incorrect application of therapy as

Table 3. Degree of agreement with statements regarding the use of abbreviations

	Agree		Undecided		Disagree		Total	
	n	%	n	%	n	%	n	%
I often encounter abbreviations in my work	106	77.9	24	17.6	6	4.4	136	100
I have problems interpreting abbreviations	21	15.4	60	44.1	55	40.4	136	100
I must often guess what an abbreviation means	40	29.4	53	39	43	31.6	136	100
I feel frustrated when interpreting abbreviations	29	21.3	36	26.5	71	52.2	136	100
Interpretation of abbreviations interferes with my work	27	19.9	44	32.4	65	47.8	136	100
I feel abbreviations are necessary	84	61.8	42	30.9	10	7.4	136	100
I feel abbreviations are acceptable	98	72.1	31	22.8	7	5.1	136	100

a result of misinterpretation of abbreviations compared to nurses with longer working experience.

Nurses with up to 15 years of service significantly more often agree with the statement 'I often encounter abbreviations in my work', than nurses with 16 or more years of service.

The interpretation of abbreviations causes significantly more frustration in nurses with 16 or more years of service, than nurses with up to 15 years of service.

In the last part of the questionnaire, abbreviations that are most often used at all three UHC Zagreb clinics were shown. Abbreviations were divided into standard abbreviations and non-standard abbreviations. Standard abbreviations were such abbreviations that appear in short form in professional literature and are used in the majority of professional literature in the same way. Non-standard abbreviations were such abbreviations that are used on the three clinics, but that do not have the same abbreviated meaning in professional literature.

From the data presented in Table 6, it is evident that nurses more accurately recognized the meaning of standard abbreviations compared to non-standard abbreviations. The abbreviation EKG was correctly interpreted by 98% of nurses, while FT was correctly interpreted by only 13% of nurses.

The selection of abbreviations was made by the authors in such a way that when reviewing the nursing documentation, they noticed the most frequently used abbreviations and then made a list of abbreviations that are present in all clinics and a list of abbreviations that are present to a significant extent in certain clinics. For example, FOB as an abbreviation was frequent at the Clinic for Respiratory Diseases, which can be linked to the fact that 86% of the nurses of that clinic correctly interpreted it, while at the other two clinics, only 14% of the nurses correctly interpreted the meaning of this abbreviation.

Statistical significance related to table 5 was not analyzed due to the small number of individual responses that could affect the results.

Table 4. Frequency and reasons for the use of abbreviations, sources of information about abbreviations and problems due to misinterpretation with regard to years of service

		Years of service				Total		X <sup>2</sup>
		Up to 15 years		16 years and longer		n	%	
		n	%	n	%			
Frequency of abbreviation use	all the time	6	8	5	8.2	11	8.1	0.536
	often	38	50.7	30	49.2	68	50	
	occasionally	29	38.7	21	34.4	50	36.8	
	rarely	2	2.7	5	8.2	7	5.1	
Total		75	100	61	100	136	100	
Sources of learning about abbreviations	professional literature	22	29.3	24	39.3	46	33.8	0.145
	coworkers	43	57.3	25	41	68	50	
	physicians	3	4	7	11.5	10	7.4	
	educational institution	7	9.3	5	8.2	12	8.8	
Total		75	100	61	100	136	100	
Reason for abbreviation use	time saving	41	54.7	47	77	88	64.7	0.046
	space saving	8	10.7	5	8.2	13	9.6	
	everyone uses abbreviations	17	22.7	6	9.8	23	16.9	
	I don't feel like writing whole sentences	9	12	3	4.9	12	8.8	
Total		75	100	61	100	136	100	
Problems caused by incorrect interpretation of abbreviations	incorrect application of therapy	29	38.7	10	16.4	39	28.7	0.007
	incorrect time of therapy	4	5.3	11	18	15	11	
	delayed therapy	17	22.7	12	19.7	29	21.3	
	missed test	25	33.3	28	45.9	53	39	
Total		75	100	61	100	136	100	

<sup>1</sup>Pearson chi-squared test

Table 5. Degree of agreement with statements regarding the use of abbreviations with regard to years of service

		Years of service				Total		p <sup>1</sup>
		Up to 15 years		16 years and longer		n	%	
		n	%	n	%			
I often encounter abbreviations in my work	Agree	64	85.3	42	68.9	106	77.9	<b>0.038</b>
	Undecided	10	13.3	14	23	24	17.6	
	Disagree	1	1.3	5	8.2	6	4.4	
Total		75	100	61	100	136	100	
I have problems interpreting abbreviations	Agree	12	16	9	14.8	21	15.4	0.549
	Undecided	30	40	30	49.2	60	44.1	
	Disagree	33	44	22	36.1	55	40.4	
Total		75	100	61	100	136	100	
I must often guess what an abbreviation means	Agree	18	24	22	36.1	40	29.4	0.252
	Undecided	33	44	20	32.8	53	39	
	Disagree	24	32	19	31.1	43	31.6	
Total		75	100	61	100	136	100	
I feel frustrated when interpreting abbreviations	Agree	9	12	20	32.8	29	21.3	<b>0.012</b>
	Undecided	23	30.7	13	21.3	36	26.5	
	Disagree	43	57.3	28	45.9	71	52.2	
Total		75	100	61	100	136	100	
Interpretation of abbreviations interferes with my work	Agree	10	13.3	17	27.9	27	19.9	0.073
	Undecided	24	32	20	32.8	44	32.4	
	Disagree	41	54.7	24	39.3	65	47.8	
Total		75	100	61	100	136	100	
I feel abbreviations are necessary	Agree	49	65.3	35	57.4	84	61.8	0.496
	Undecided	22	29.3	20	32.8	42	30.9	
	Disagree	4	5.3	6	9.8	10	7.4	
Total		75	100	61	100	136	100	
I feel abbreviations are acceptable	Agree	57	76	41	67.2	98	72.1	0.284
	Undecided	16	21.3	15	24.6	31	22.8	
	Disagree	2	2.7	5	8.2	7	5.1	
Total		75	100	61	100	136	100	

<sup>1</sup>Pearson chi-squared test

**Table 6. Proportions of correct answers with regard to the meaning of abbreviations per clinic, and for all respondents**

STANDARD ABBREVIATIONS				NRL (44)	SKŽ (42)	KPB (50)	ALL (136)
1.	ALL	EKG	Elektrokardiogram (eng. Electrocardiogram)	44 (100)	41 (98)	49 (98)	134 (98)
2.		GUK	Glukoza u krvi (eng. Blood glucose level)	43 (98)	38 (90)	48 (96)	129 (95)
3.		CVK	Centralni venski kateter (eng. Central venous catheter)	42 (95)	37 (88)	48 (96)	127 (93)
4.		CT	Kompjuterizirana tomografija (eng. Computed tomography)	39 (89)	37 (88)	41 (82)	117 (86)
5.	NRL	CVI	Cerebrovaskularni inzult (eng. Cerebrovascular insult)	41 (93)	37 (88)	42 (84)	120 (88)
6.		EEG	Elektroencefalogram (eng. Electroencephalogram)	39 (89)	34 (81)	43 (86)	116 (85)
7.	SKŽ	AIM	Akutni infarkt miokarda (eng. Acute myocardial infarction)	16 (36)	32 (76)	24 (48)	72 (53)
8.		PCI	Perkutana koronarna intervencija (eng. Percutaneous coronary intervention)	3 (7)	35 (83)	6 (12)	44 (32)
9.	KPB	KOPB	Kronična opstruktivna bolest pluća (eng. Chronic Obstructive Pulmonary Disease)	40 (90)	38 (90)	47 (94)	125 (92)
10.		FOB	Fiberbronhoskopija (eng. Fibrobronchoscopy)	1 (2)	5 (12)	43 (86)	49 (36)
NON-STANDARD ABBREVIATIONS				NRL	SKŽ	KPB	ALL
1.	ALL	UK	Urinarni kateter (eng. Urinary catheter)	6 (14)	8 (19)	15 (30)	29 (21)
2.		FT	Fizikalna terapija (eng. Physical therapy)	5 (11)	10 (24)	3 (6)	18 (13)
3.		HK	Hemokultura (eng. Hemoculture)	35 (26)	37 (88)	40 (80)	112 (82)
4.		KT	Kemoterapija (eng. Chemotherapy)	2 (5)	1 (2)	28 (56)	31 (23)
5.	NRL	LP	Lumbalna punkcija (eng. Lumbar puncture)	31 (70)	3 (7)	7 (14)	41 (30)
6.		EPI	Epileptički napad (eng. Epileptic seizure)	33 (75)	25 (60)	29 (58)	87 (64)
7.	SKŽ	P.M.	Pacemaker (eng. Pacemaker)	4 (9)	36 (86)	10 (20)	50 (37)
8.		ART	Arterija (eng. Artery)	27 (61)	32 (76)	33 (66)	92 (68)
9.	KPB	NK	Nazalni kateter (eng. Nasal catheter / cannula)	1 (2)	3 (7)	32 (64)	36 (26)
10.		VM	Venturi maska (eng. Venturi mask)	0 (0)	1 (2)	29 (58)	30 (22)

\*Key: NRL (Clinic for neurology), SKŽ (Clinic for heart diseases), KPB (Clinic for respiratory diseases)

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## Discussion

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Nursing documentation in hospital healthcare institutions in the Republic of Croatia is used in electronic form. By reviewing nursing documentation, it was observed that abbreviations are often used in nursing documentation. Respondents stated that they often use abbreviations in documentation, and 72% of them believe that abbreviations are acceptable in documentation. Although the use of abbreviations is considered common, respondents state that they have problems interpreting the abbreviations and that this can result in errors in nursing care (missed tests or incorrect application of therapy).

Koh obtained similar results (6). He included physicians and nurses in his research on abbreviations, and the results showed that abbreviations are used frequently and are acceptable in documentation. Also, their research shows that nurses have difficulties in interpreting abbreviations used by physicians, which can affect patient safety (6).

The Institute for Safe Medication Practices Canada monitors, records and analyzes reports of medication errors due to abbreviations, symbols, or acronyms. Thus, in their regular report (bulletin), they cite examples of errors such as a physician instructing a patient to take a medicine first 2/7, then 1/7, which meant that the patient should take one dose for two days, and then another dose for one day. The patient misunderstood the instructions and took one dose for two weeks, and then another dose for one week, causing side effects that required hospitalization (9). Such examples help the said Institute to revise the instructions for the use of abbreviations and issue a 'Do not use' sheet that is recommended for use in Canadian hospitals.

Research shows that interpreting abbreviations is a challenge for healthcare professionals. Thus, Sinha et al. conducted a survey of surgical wards using medical records to derive the abbreviations used in them. They used these abbreviations in a questionnaire that aimed to determine how many healthcare workers understood the meaning of the abbreviations. A total of 209 healthcare professionals filled out the questionnaire and only 43% of them correctly interpreted the abbreviations (10).

Tsima et al. also conducted a cross-sectional study aimed at determining the understanding of the meaning of abbreviations. They examined 57 patient records in which they found 1,683 abbreviations, symbols and/or acronyms. They used these abbreviations in the form of a questionnaire and had health professionals write the meaning. A total of 73% of healthcare professionals correctly interpreted the abbreviations. What is interesting in this research is that the respondents (58%) suggested alternative meanings of abbreviations (11).

Nakayama analyzed data in electronic patient records to track health outcomes of treatment and it was the presence of abbreviations that made the analysis of health outcomes difficult (12). The authors did not monitor health outcomes, but the data obtained could indicate that nurses' work experience has an influence on the interpretation of the meaning of abbreviations. This particularly applies to nurses who have been working for less than 5 years.

Tariq states that the use of abbreviations in medicine is becoming even more frequent. He mentions how the US Institute of Safe Medication Practices monitors adverse events, including adverse events associated with misinterpretation of abbreviations in medical records (13). Thus, the author states that increasingly hospitals are forming hospital commissions that monitor the use of abbreviations in medical documentation, and provide mandatory education of health workers about abbreviations, as well as regular updating of the list of abbreviations (13).

The quasi-experimental study conducted by Thachaparambil et al. showed how certain interventions can reduce the frequency of errors caused by the use of abbreviations. The authors conducted trainings for healthcare workers and created posters related to the use of abbreviations they put up in the wards. They compared the errors they observed before the aforementioned interventions and four months after the intervention and proved that the frequency of errors decreased by 8% (14).

According to the obtained data, standard abbreviations are more familiar to the respondents, but knowledge of abbreviations also depends on the workplace where they are used. So, Gomes states that non-standard abbreviations are used by 30% of respondents in his research (15). He recommends the use of software that would highlight abbreviations in medical documentation and thus enable regular

observation of new abbreviations, which also include non-standard abbreviations (15).

This study has certain limitations. A small number of respondents and only one institution were included. The study is cross-sectional, and we believe that some future longitudinal type of research could monitor abbreviations over time and show the change in the habits of using abbreviations as well as the speed of introduction of new abbreviations.

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## Conclusion

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The study showed that abbreviations are often used in nursing practice. Standard abbreviations are most often used, although non-standard abbreviations are also increasingly present. Nurses most often learn about abbreviations from their coworkers and feel that abbreviations save time. Nurses with 16 or more years of service use abbreviations significantly more often to save time than respondents with up to 15 years of service. Nurses with up to 15 years of service report a significantly higher number of cases of incorrect application of therapy as a result of misinterpretation of abbreviations compared to nurses with a longer working experience. Abbreviations are acceptable in nursing practice, although nurses must be made aware that the use of abbreviations can lead to omissions in the work. For this reason, other researchers who have studied the use of abbreviations suggest that lists of permitted abbreviations should be created at the institutional level and that they should be regularly updated. Also, education of healthcare workers on how to use abbreviations should be mandatory.

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## NAVIKE U UPOTREBI KRATICA U RADU MEDICINSKIH SESTARA

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### Sažetak

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**Uvod.** Upotreba kratica u sestrinskoj praksi uobičajena je i učestala. Smatra se kako kratice štede vrijeme, ali mogu dovesti do propusta u radu zbog pogrešnog tumačenja.

**Cilj.** Cilj je ovog rada prikupiti podatke o stavovima i navikama upotrebe kratica u sestrinskoj praksi te utvrditi postoji li razlika s obzirom na stručnu spremu, mjesto rada i radni staž medicinskih sestara.

**Metode.** Provedeno je presječno istraživanje tijekom rujna 2020. Primijenjen je upitnik koji su upotrijebili Koh i suradnici u svojem istraživanju te je od autora dobiveno dopuštenje za prilagodbu upitnika našim potrebama. Istraživanje je provedeno na tri klinike KBC-a Zagreb. Na svakoj klinici podijeljeno je 50 upitnika. Istraživanje je odobrilo Etičko povjerenstvo KBC-a Zagreb.

**Rezultati.** Primjena kratica učestala je u sestrinskoj praksi. Medicinske sestre najčešće uče kratice od medicinskih sestara s dužim radnim stažem te smatraju primjenu kratica prihvatljivom. Nije pronađena statistička značajna razlika s obzirom na stručnu spremu i radno mjesto. Pronađena je statistički značajna razlika s obzirom na radni staž. Medicinske sestre s radnim stažem manjim od pet godina zbog pogrešne interpretacije kratica daju pogrešnu terapiju.

**Zaključak.** Istraživanje je pokazalo da je upotreba kratica učestalo prisutna u sestrinskoj praksi. Najčešće se upotrebljavaju standardne kratice, iako je sve učestalija prisutnost nestandardnih kratica.

Kratice su prihvatljive u sestrinskoj praksi, iako treba osvijestiti kako upotreba kratica može dovesti do propusta u radu. Zbog toga i drugi istraživači koji su istraživali upotrebu kratica predlažu da se na razinama ustanovama izrade popisi dopuštenih kratica te da se redovito ažuriraju.

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**Ključne riječi:** kratice, sestrinska dokumentacija, medicinska terminologija, sigurnost pacijenta

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