



“Call for terms of axes”: towards completeness of the nursing diagnoses’ labels

Susana Miguel MSc, RN ¹; Joana Romeiro MSc, RN ¹; Tiago Casaleiro MSc, MRS, RN ²; Helga Martins RN ² & Sílvia Caldeira PhD, MSc, RN ³

¹PhD Student in nursing and associate at the Centre for Interdisciplinary Research in Health, Institute of Health Sciences, Universidade Católica Portuguesa, Lisbon, Portugal.

³Assistant Professor, Researcher at the Centre for Interdisciplinary Research in Health, Institute of Health Sciences, Universidade Católica Portuguesa, Lisbon, Portugal.

²PhD Student in nursing, Institute of Health Sciences, Universidade Católica Portuguesa, Lisbon, Portugal.

E-mail: susanasamiguel@gmail.com



Background:

A universal language is vital in nursing practice and the existence of nursing terminologies plays an essential role, as ways of documenting and evaluating nursing knowledge and clinical practice (Matney et al., 2008; von Krogh, 2008).

The taxonomy of Nursing Diagnosis (ND) allows nurses to make better judgments and decisions in clinical practice (Beckstead, 2009).

Different types of classifications can be found worldwide, but NANDA-I has been considered the best and the most used in what concerns ND (Müller-Staub, Needham, Odenbreit, Lavin & van Achterberg, 2008).

Nursing diagnoses (ND) displays on seven axes, as follows (Figure 1):

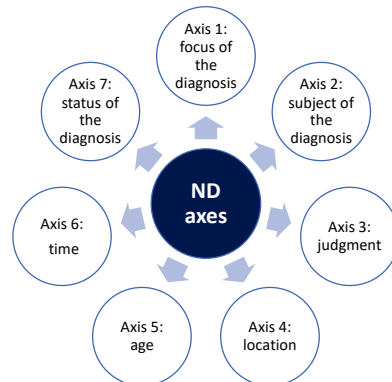


Figure 1: Axes of nursing diagnosis (Herdman & Kamitsuru, 2018)

A ND label can be defined by using the terms from Axis 1 (the focus of the diagnosis), Axis 2 (subject of the diagnosis), and Axis 3 (judgment). After using these three fundamental axes there is the possibility of adding terms from the other axes offering more clarity to the diagnosis (Herdman & Kamitsuru, 2018)

Purpose:

This article explores NANDA-I nursing diagnoses labels.

Methods:

Critical analysis of the ND labels as listed in taxonomy II.

Results:

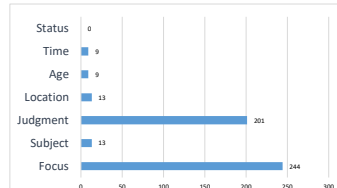


Figure 2. Distribution different axes from ND as listed in the labels of NANDA-I

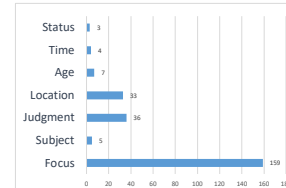


Figure 3. Distribution of terms of different axes from ND as listed in the labels of NANDA-I

All NANDA-I ND use the axis “focus”

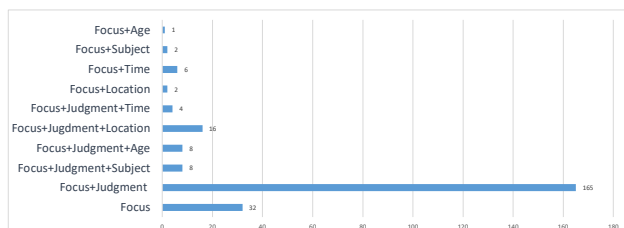
Axis 3 (judgment) is the second most used axis

The remaining axes are used in 18% of the ND

Axis 7 (status) isn’t expressed in the list of 244 ND

Axis “focus” has a larger group of terms

The axis “subject”, “age”, “time” and “status” have less terms



Although the first axis is always present in the ND, only 32 diagnoses use solely terms from this axis

The most frequently used combination is “focus+judgment”

Discussion:

Diagnoses presented by NANDA-I Taxonomy II are recognized to be far from being totally developed and still evolving as it is only partially and not fully supported by evidence (Herdman & Kamitsuru, 2018)

There is a lack of fulfillment of all the axes in the majority of ND, which could represent a gap in NANDA-I taxonomy II and an opportunity for improving and leading new research.

Precision of ND labels would assist nurses in identifying with greater accuracy the ND that most closely relates to patients’ particular circumstances

The labels adjustments to particular contexts, environments and populations would raise quality of nursing care.

Conclusions:

The specificity of the human responses towards health and life transitions may not be totally represented in the two most common axes as presented in taxonomy II.

Implications for nursing practice:

Improvements in NANDA-I diagnoses labels would contribute to an advanced terminology and to increase specificity and accuracy of the diagnostic process that is needed in clinical practice. ND labels completeness would reflect clinical reasoning preciseness and help students and nurses in delivering more personalized, safe and effective patient-centered care.

References:

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