A Terminology for Nursing Diagnoses

Phyllis E. Jones, R.N., M.Sc.
Professor
Faculty of Nursing
University of Toronto
Toronto, Canada

"TAKE CARE of the sense, and the sounds will take care of themselves," admonished the Duchess, in the topsy-turvy world of Alice in Wonderland.[1(p121)] There is, however, reason to suggest that the Duchess's advice is not necessarily based on a sound assumption. There are current Herculean efforts to construct nursing theory, i.e., efforts to "take care of the sense" of nursing, yet a number of nurse-authors have recently noted that terminology is in need of attention.[2-8] They have emphasized also the interrelationship between theory development and terminology, "the sounds" of nursing diagnoses—those human conditions addressed by nurses.

Recognition of the interrelationship between nursing diagnosis and theory construction, two concurrent activities, could be crucial at this point in the development of nursing. In discussing the purposes and principles of classification, Sokal points out that "classification is an important aspect of most sciences"[9(p1115)]

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and adds that "it is the purpose of a correct classification to describe objects in such a way that their 'true' relationships are displayed."[9(p1116)] Sokal contends that the principal scientific justification for developing classifications is that they describe relationships among objects and lead to hypotheses that can then be tested. For the discipline of nursing this means "the establishment of language understood and accepted by practitioners as well as by investigators . . .'cut out, as it were' from the real world (of nursing practice)."[3(pp48-49)]

INADEQUACY OF NURSING PRACTICE DESCRIPTORS

There have been a number of attempts to describe the frequency and types of health needs encountered by nurses serving specified population groups.[10-12] While the resulting data have been useful for a variety of purposes, the resulting terminology and classification do not adequately describe the domain of nursing and lack the specificity required to plan nursing care. A search for alternatives has revealed that, although numerous systems have been developed for describing and classifying medical and related diagnoses, all have marked limitations in describing or planning nursing care.[13-19] For example, the most widely used of these taxonomies, *The International Classification of Disease,* classifies disease processes in terms of affected organs or systems, an approach which is inappropriate for the patient problems nurses address.[19]

A search of the literature supports the view that until recently universally accepted nursing diagnoses did not exist and a classification had therefore not emerged. In fact, with few exceptions,[20-27] nursing literature had rarely addressed the concept of *nursing* diagnosis although the attention on the nursing process did include some very relevant contributions.[27-30]

Attempts to systematize nursing problems include Abdellah's 21 problems and McCain's scheme for assessment in 13 functional areas.[31,32] The categorization of health needs developed by Roberts and Hudson has served as a framework for ensuing studies of nonhospitalized population groups.[33] Although these works have served as the foundation for studies and for organizing nursing texts, further development would be required before they could be used as a complete taxonomy for nursing practice.

Although the initial stimulus for this research study came from a persistent concern regarding the inadequacies of the descriptors of nursing as practiced in the primary sector of health care, a review of nursing literature suggested that a similar inadequacy of terminology likely existed in a wide variety of practice settings. A number of concurrent and widespread developments in nursing and health care services have added impetus to the initial stimulus, including the following.

1. Widespread establishment of problem-oriented records and recording systems.[34] Nurses recognize that these efforts are handicapped unless nursing problems can be recorded in terms compatible with nursing goals and interventions.
2. Development and implementation of

nursing standards. While many of the emerging standards are based on the steps of the nursing process,[35,36] the application of the nursing process presupposes the existence of terminology to describe nursing diagnoses, yet there is little (if any) evidence that such is commonly accepted or used.

3. Application of quality assurance measures. Many of the available methods, e.g., retrospective record audits and utilization review, generally rely on medical diagnoses to categorize patients and/or records and to develop standards. Although the American Nurses' Association "recommends that patient populations be selected from the categories of medical diagnoses, developmental stages, and nursing diagnosis,"[37(p54)] widespread application of the latter option in this recommendation would be difficult without widely acceptable and used nursing diagnostic terms.

DEVELOPMENT OF A TAXONOMY

The development of a taxonomy of nursing diagnoses is, of course, a long-term goal requiring much work by nurses. Such work will include at least the following, although not necessarily in this order:

1. the definition of nursing;
2. the identification of the parameters of nursing assessment (the data base);
3. the selection of the terminology to describe nursing problems (nursing diagnoses);
4. the definition of the meanings of these terms; and
5. the development of a system of classification.

While this article addresses only step 3, it is guided by certain views of human beings, health and nursing, which are essential to the development of the definitions and parameters mentioned in steps 1 and 2.

CONCEPTUALIZATIONS OF THE INDIVIDUAL AND HEALTH

For the purposes of this article, a person is viewed as a unified, unique whole being with cognitive, affective and biological aspects which function interdependently. The individual develops along a dynamic course of the life process, which is continuous, creative, evolutionary and uncertain. Potential for growth is always present.[38] Human development is becoming increasingly complex, with diversity and tension maintenance as the major goals. Continuous change is expressed in the continuous emergence of new patterns in the individual as well as in the environment. Each has a reciprocal, complementary influence on the other.[38]

Health, the goal of nursing, is viewed as constantly changing, influenced by interaction of biological, psychosocial and environmental factors. A person's unified wholeness means that the individual's health cannot be compartmentalized into mental health, physical health, etc. At any one time, potentials for health and for illness exist. Dunn conceives of high-level wellness as a "method of functioning which is oriented toward maximizing the

potential of which the individual is capable, within the environment, where he is functioning."[39(p447)] This definition implies a view of health that is dynamic and fluctuating. Although norms of health and illness are socially, culturally and clinically defined, the individual, to a major extent, determines the level of wellness that will be attained or maintained. An individual's responses to threats to health will clearly reflect an interplay of forces unique to that individual at that time and place.

Defining Nursing

Nursing is caring which assists a person, family or community in coping with their responses to actual or potential threats to health. In this context, coping is viewed as a function (or strategy) of adapting to a situation. In assisting with this process, nurses not only help clients/patients in disability or illness (as contrasted with disease) but also facilitate the achievement of health (the highest possible level of wellness). Effective nursing care is based on knowledge about human sequential development and about the person's unique problem within that development.

The nursing process for attaining the above aims includes four widely recognized phases: assessment, planning the care, implementation of the plan (intervention) and evaluation of the intervention. These are shown in Figure 1, where the client/patient has a central and interactive position in the process. The client and family are central to the process of nursing care. The importance of client/family participation in decision making requires their input (validation) at each step of the nursing process.[40] (See Figure 1.)

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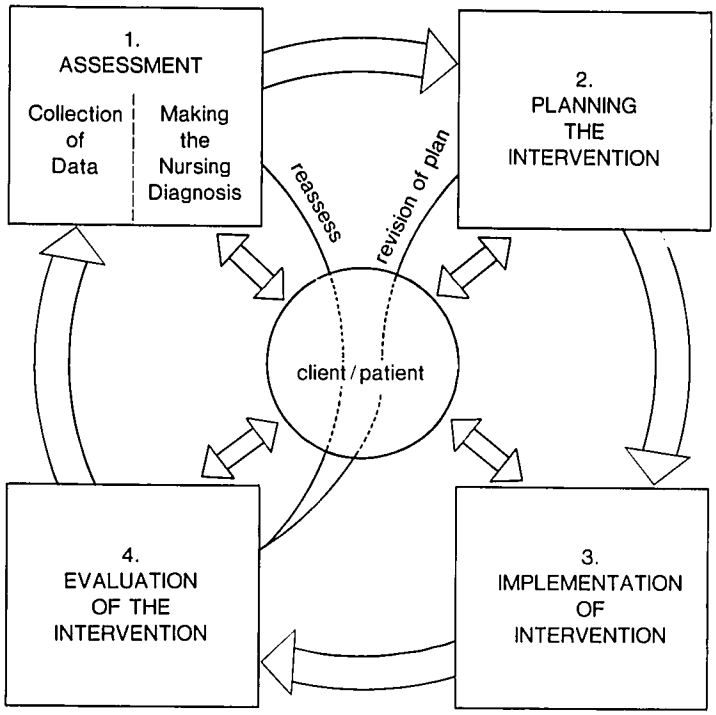
Assessment is therefore an interactive process through which the nurse gathers information about the client and the client's responses and interprets the information to derive an understanding of the level of wellness and pattern and level of coping. The assessment phase is seen, as in Bloch,[41] as having two aspects: (1) gathering data about the assets and deficits (strengths and weaknesses) of the client/family/community and (2) making a diagnosis or problem definition.

An investigation is currently in progress which addresses the question of the terminology used by nurses to describe the judgments made regarding the meaning of client-related information, the act of making a nursing diagnosis, a statement or conclusion about the nature or cause of a phenomenon. (The investigation is supported by National Health Research and Development Project No. 6606-1610-46.) For this investigation, a nursing diagnosis is the statement of a person's response to a situation or illness which is actually or potentially unhealthful and which nursing intervention can help to change in the direction of health. The statement consists of two parts: (1) the unhealthful response and (2) the contributing factors.[42] The diagnosis is a statement of a condition or behavior arising from the biological-cognitive-affective nature of human beings in interaction with their environment.

FIGURE 1. THE NURSING PROCESS FOR THE DEFINITION OF NURSING DIAGNOSES



Hence, diagnostic statements can generally be classified as action, reaction or interaction.

WORK TO DATE

Methods

For purposes of defining and categorizing patient responses amenable to nursing, an investigation's strategy should consist of the collecting of data describing nursing diagnoses from practicing nurses. This could include data-gathering procedures and the List of Nursing Diagnoses developed during an exploratory Phase 1 carried out between October 1976 and March 1977.[43]

The investigation currently in progress will gather a minimum of 2,000 nursing diagnosis statements derived from 500 nurse-client encounters, reported by more than 50 volunteer practicing clinical nurse specialists and nurse clinicians who have direct patient/client contact. With the aim of including data regarding a wide range of nurse-client encounters, an attempt has been made to identify nurses practicing in each of a wide range of occupational settings (as defined by Statistics Canada[44]) and of (medical) specialty areas. Each participating nurse has been asked to select from the List of Nursing Diagnoses those terms which describe the patient problems identified in ten nurse-client

encounters, to provide supporting data and to suggest new terms.

Validity

The selection of nurse-participants is important for validity. For the resulting terminology to reflect the breadth of nursing, an investigation's strategy depends on finding nurses who practice in a way compatible with the guiding concepts of the investigation. Criteria for selection of nurse-participants may be based on the assumption that, at the present time, clinical nurse specialists are most likely to be the nurses who practice nursing in a way consistent with this view of nursing and who, at the same time, use a form of problem solving which would lead to a nursing diagnostic statement or label. Their clinical expertise is therefore important, indeed essential, to the early development of a comprehensive list of nursing diagnoses which could then be tested in practice by a wider sample of the general nurse population.

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The following criteria have been established for acceptance of a patient problem as a nursing diagnosis:

- a human response exists (cognitive-affective, behavioral and/or biophysiological);
- a state exists which is actually or potentially unhealthful;
- the supporting data can be obtained and analyzed by the nurse in the light of nursing knowledge; and
- the supporting data show two or more related facts.

In Phase 1, for 67 percent of the reported diagnoses there was agreement among three nurses (the respondent and two investigators). For the remaining 33 percent there was agreement between two nurses that the reported diagnoses met the above criteria.

In the development of the present List of Nursing Diagnoses the work which emerged from the second National Conference on the Classification of Nursing Diagnoses became available.[15] Gebbie reported diagnoses accepted by that conference and 13 diagnoses yet to be considered, all of which are included on the present list.[35]

IMPETUS FOR THE THRUST FORWARD

Successful completion of such an investigation should result in: (1) a list of nursing diagnoses which has been tested by clinical nurse specialists and further refined, (2) beginning definitions of the diagnostic terms and (3) wider understanding and acceptance of this approach to and terminology of nursing diagnoses. There is recognition that if nurses, individually or institutionally, are to be held accountable for the care they provide, the patient problems addressed by that care must be more clearly defined in terminology more widely understood than the present termi-

nology. Furthermore, clearer delineation of the component of health care for which nursing is accountable should be an important early step in the development of standards and of methods of evaluating care. This recognition may provide the impetus required to thrust forward the widespread testing and refinement of nursing language. Such activity, in concert with the current major efforts in theory development, could prove correct the Duchess's advice, "Take care of the sense, and the sounds will take care of themselves."[1(p121)]

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