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Nursing diagnoses ICNP® versus NANDA-I for people with AIDS: cross-mapping

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ABSTRACT

Aim: conduct cross-sectional mapping of nursing diagnosis titles for people living with AIDS, formulated according to ICNP® with those of NANDA-I. **Method:** this is a cross-sectional and descriptive study using a quantitative approach. After the cross-mapping between the ICNP® and NANDA-I nursing classifications, the nursing diagnoses were classified according to the Leal criteria and the Basic Human Needs. **Results:** it was verified that 60% of the nursing diagnoses of ICNP® were not included in NANDA-I; of these, after applying the Leal criteria, 30% were classified as similar, 5% as more restricted, 4% as more comprehensive and for 1% no agreement was identified. **Conclusion:** the study becomes important for comparing the practical use of the two most used nursing classifications in the world, assisting nurses to decision-making based on scientific knowledge, as well as strengthening the state of the art of Nursing.

Descriptors: Nursing Processes; Terminology; Nursing diagnosis; Acquired Immunodeficiency Syndrome.

PROBLEM

The Acquired Immunodeficiency Syndrome (AIDS) is a chronic disease since the advent of the use of antiretrovirals, requiring continuous monitoring of health professionals. The nurse is inserted in this context as an important care facilitator⁽¹⁾. To do so, its actions must be carried out and registered by adopting a uniform system based on a classification. In this sense, standardized languages have a fundamental role in developing and defining the phenomena and actions of nursing, as well as clearly describing the contributions of the profession in the health care setting⁽²⁾. Thus, it was hypothesized that studies related to the refinement of the language used by Nursing become necessary, as they evidence what has been accepted, rejected or modified when Nursing Classifications are used and their elements are compared in professional practice.

OBJECTIVE

Carry out the cross-mapping of the nursing diagnosis titles of people living with AIDS formulated according to the International Classification for Nursing Practice (ICNP[®]) version 2015 with those of NANDA International (NANDA-I) 2015/2017.

METHOD

This is a cross-sectional and quantitative study. Data collection took place from August to September 2017. Diagnostic titles for people living with ICNP[®] and NANDA-I AIDS were tabulated in the Microsoft Excel program (Office 2013) in two separate lists, with a subsequent compari-

son between them, their respective definitions, in included and not-included titles. Then, the not-included titles were submitted to the analysis based on the criteria derived from Leal⁽³⁾, and were classified as similar, more comprehensive, more restricted, there is no agreement; and ranked according to the levels of Basic Human Needs (BHN). The mapping product was submitted to content validation by specialists. Those that had a concordance index equal to or greater than 0.80 were considered valid. ICNP[®] specialists were selected at the ICNP Center in Brazil, located in João Pessoa/PB; and experts in NANDA-I, through the Lattes Platform search tool of the National Council for Scientific and Technological Development (*Conselho Nacional de Desenvolvimento Científico e Tecnológico* – CNPq) portal. The project was approved by the Ethics Committee in Research, with certificate of presentation for ethical evaluation n° 47380915.2.0000.5537.

RESULTS

A total of 135 nursing diagnoses were found. Of these, 84 were ICNP[®] and 51 were NANDA-I. After cross-mapping, 60% were ICNP[®] nursing diagnoses not included in NANDA-I, while 40% were included. However, when classifying the not-included, it was identified that: 30% were similar, 5% more restricted, 4% were more comprehensive and for 1% there was no agreement. When classified according to the BHN, the following results were respectively found for ICNP[®] and NANDA-I ratings: 74% and 80% related to psychobiological needs; 23% and 16% to psychosocial ones; 3% and 4% to psychospiritual. After validation of the cross-mapping content, it was evidenced that all titles of nursing diagnoses ICNP[®] and NANDA-I for people living with AIDS were validated by the specialists.

DISCUSSION

In view of the number of nursing diagnoses for people living with Aids according to the ICNP®, which was superior to that of NANDA-I, it was perceived more freedom for its elaboration, since its elaboration is based on the use of terms. It should be noted that even with efforts to develop nursing classifications, such as ICNP® and NANDA-I, it is evident that there are terms used by nurses who are not yet included in them. Thus, it was found that a large number of ICNP® nursing diagnoses are not included in NANDA-I. Therefore, it can be inferred that nurses use their own language to communicate their work and clinical reasoning, regardless of the Nursing Classification used. As for BHNs, there was a predominance of diagnoses, both of ICNP® and NANDA-I, focused on the psychobiological BHNs. This may be related to the hegemony of the biomedical health model, aimed at the body, in addition to being justified, in part, by the specificity of the clientele, in which several physiological changes occur with the disease settled⁽⁴⁾.

CONCLUSION

It was verified that the process of clinical reasoning for the elaboration of the nursing diagnosis titles, using both classifications, led to the formulation of nursing diagnoses with similar standards when adding the included with the not-included and similar. This fact showed that the nurse can make use of both classifications.

REFERENCES

1. Silva RAR, Fernandes ER, Neto VLS, Rodrigues IDC, Andrade IFC, Silva BCO, et. al. Prevalence of the Nursing Diagnosis Lack of Adherence in People Living with AIDS. *Open Journal of Nursing* [Internet]. 2016 [cited 2018 Jan 15]; (6):386-95. Available from: http://file.scirp.org/pdf/OJN_2016051215220875.pdf
2. Tannure MC, Salgado PO, Chianca TCM. Cross-Mapping: diagnostic labels formulated according to the ICNP® versus diagnosis of NANDA International. *Rev bras enferm* [Internet]. 2014 Dec [cited 2018 Jan 13]; 67(6):972-78. Available from: <http://www.scielo.br/pdf/reben/v67n6/0034-7167-reben-67-06-0972.pdf>
3. Nogueira LGF, Nóbrega MLN. Construction and validation of nursing diagnoses for individuals with diabetes in specialized care. *Rev Esc Enferm USP* [internet]. 2015 [Cited 2018 Jan 15]; 49(1):54-60. Available from: http://www.scielo.br/pdf/reeusp/v49n1/pt_0080-6234-reeusp-49-01-0054.pdf
4. Morais SCR, Nóbrega MML, Carvalho EC. Convergence, divergence and diagnostic accuracy in the light of two nursing terminologies. *Rev Bras Enferm* [internet]. 2015 [Cited 2018 Jan 13]; 68(6):777-83. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672015000601086

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