Classification of Nursing Diagnoses

Proceedings of the Sixth Conference

North American Nursing Diagnosis Association

EDITED BY Mary E. Hurley

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PROCEEDINGS OF THE SIXTH CONFERENCE

North American Nursing Diagnosis Association

Edited by

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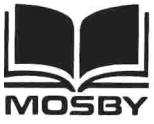

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Preface

The Sixth Conference on the Classification of Nursing Diagnoses was held in St. Louis, Missouri, April 4 to 6, 1984. The meeting differed from past conferences in several ways. This was the first conference to convene under the recently formed North American Nursing Diagnosis Association (NANDA). In order to recognize the international scope of membership in the association, the word "national" was dropped from the program title but it was decided to continue the sequential numbering.

Since the more formal structuring of the Association 2 years earlier, a state of transition had existed. The Association leaders had been diligently working to make the new bylaws operational. Previously, the review and refinement of nursing diagnoses had been the major focus of the conferences' small-group work sessions. The new bylaws called for the development of a criteria-based review process for all nursing diagnoses and the coordination of the review by a Diagnosis Review Committee. Small-group work sessions were deleted at the Sixth Conference, pending the development and implementation of the review process.

The program consisted of thirteen invited papers presented at general sessions. Six additional sessions contained 21 submitted papers that had been selected for presentation by a review panel. Additionally, eighteen poster exhibits were displayed.

In addition to these formal sessions, certain other events made the meeting noteworthy. This conference saw the first business meeting of the new association convened under Marjory Gordon, President. Preceding the meeting was an awards ceremony recognizing the contributions of five of the original leaders in nursing diagnosis. Special interest groups and regional groups also met and discussed issues of concern related to nursing diagnosis and the Association.

In view of the recent establishment of NANDA and the rich history of the nursing diagnosis movement, the theme of the conference, Nursing Diagnosis—A Janus View, was particularly appropriate. The events of the meeting offered several opportunities for participants to look at nursing diagnosis from a past and future perspective and encouraged both reflection and strategic planning.

The editor of the proceedings has tried to organize the material in a way that will provide continuity and clarity as well as highlight the many perspectives from which nursing diagnosis was reviewed.

Section I begins with the keynote address by Dr. Mi Ja Kim and continues with the general sessions papers divided by category. Section II contains the papers presented at simultaneous sessions. These are also grouped according to category as much as possible. The poster presentations are listed alphabetically by the author's last name in Section III, and Section IV contains the currently accepted nursing diagnoses. The Chairperson of the Program Committee, Audrey McLane, provides an excellent overview of some of the major conference papers in Section V. Also included in this section are the minutes of the business meeting. Several appendices contain reference data that should prove informative and useful.

The three day meeting gave credence to the belief that nursing diagnosis was and is steadily gaining support and momentum within the nursing profession. This meeting had the largest attendance in the history of the conferences. Equally significant was the quality of the papers and posters presented. Much work remains to be done in the area of nursing diagnosis. The conference aided this endeavor by providing an opportunity for sharing ideas, gaining information, and setting direction and priorities, all of which are needed to identify and meet the many challenges that still remain before us.

I wish to express my gratitude to Karen Murphy, Executive Director, NANDA, Dr. Phyllis Kritek, Vice President, NANDA, and Sallyanne Castro, Secretarial Assistant, for their help and support during the preparation of these proceedings.

Mary E. Hurley
Editor

Contents

CHAPTER 1

Nursing diagnosis: a Janus view

MI JA KIM, Ph.D., R.N., F.A.A.N.

It is a great honor and privilege to deliver the keynote address at this historical conference in which the language of the nursing profession is being shaped and discussed. As the title denotes, I shall follow the characteristics of the Roman God, Janus. That is, I will look back on the footprints of the National Conference Group on Classification of Nursing Diagnoses and the North American Nursing Diagnosis Association (NANDA) for the past 11 years and will look forward to the future work of nursing diagnosis and NANDA.

Looking back, I am reminded of the editorial by Edith Lewis in *Nursing Outlook* (1975) entitled, "The stuff of which nursing is made." In this editorial, Lewis stated that "we must admit the idea (of the First National Conference on Classification of Nursing Diagnoses)* struck us as a bit pretentious. . . . As we listened to the formal and informal presentation at that meeting [the Nursing Diagnosis session of the 1974 ANA Convention*], we soon discovered that there is much more to a nursing diagnostic classification system than first meets the eye" (Lewis, 1975). Indeed the skepticism and criticism about the words "nursing diagnosis" abounded when the National Conference Group on Classification of Nursing Diagnosis embarked on its voyage in 1973. However, as was pointed out by Lewis, there was, there is, and there will be much more substance to a Nursing Diagnosis Classification system than the mere words may indicate. I believe the work of NANDA has far-reaching impact to every facet of the nursing profession, particularly to nursing practice, where increasing numbers of nurses are expected to use nursing diagnoses in everyday practice.

One of the major reasons why I believe nursing diagnosis is so important to the nursing profession is that it provides the language that is *uniquely* nursing—by which we describe nursing and with which nursing can identify. It expresses the phenomena of nursing science and art in nursing language and provides a means by which the nursing science base can expand. Abdellah

*Added to clarify the meaning of the quotations.

(1969) defined nursing science as "a body of cumulative scientific knowledge, drawn from the physical, biological, and behavioral sciences that is uniquely nursing." Furthermore, Crawford, Default, and Rudy (1979) stated that concepts and theories that are borrowed from other sciences must be redefined and synthesized according to the perspective of nursing. A similar thought was echoed by McMurrey (1982), who said that "knowledge becomes unique because of the unique perspective of the discipline in which that knowledge is incorporated."

I believe nursing diagnoses bring this unique perspective of the nursing discipline to the theories, principles, and concepts of other sciences and expresses them in the nomenclature which nurses can use in their practice, research, and teaching. When nursing diagnoses have established validity and reliability and are found clinically relevant and useful, they can become the building blocks of the nursing science knowledge base and of the nursing diagnosis taxonomical system. However, developing a nursing diagnosis taxonomy that is theoretically sound and clinically useful is one of the most complex and difficult tasks that the nursing profession has ever faced.

The development of nursing diagnosis taxonomy is a difficult and complex endeavor. The *New York Times* carried an article by Webster on February 14, 1982, with the title, "Classification is more than a matter of fish or fowl." The article began with the question, "If it flies, has two legs, yellow feathers and sings, it's a canary. Right?" The author answered by saying, "Well, yes, if you're satisfied with simple answers." However, if the same question was posed to a taxonomist, he or she would ask whether or not the canary was "a pure-bred Hartz Mountain finch or an American hybrid, where it fits on the evolutionary scale, or what species it's most closely related to" (Webster, 1982). In addition, the taxonomist would have to choose one of three major systems of taxonomical research which are currently used by scientists. I quickly discovered that these taxonomist scientists are not any different from nurse scientists and that they, too, have a lot of controversy among themselves as to the methods of developing a taxonomy. Time and space do not permit a lengthy discussion about this controversy; only a brief description of their approaches will be made here.

There are three taxonomical branches. The first is the evolutionary taxonomy, which stresses relationships of organisms based on their evolutionary history. The second is phenetics, a Greek word meaning *appearance*, which focuses on observable similarities. The third is cladistics, a Greek word meaning *branch*, which attempts to establish the temporal sequence of "branching" within an order or family of species on its evolutionary tree.

Gould, a Harvard evolutionary biologist (Webster, 1982), offered the following comments regarding these three classification theories. He described the *cladist* as a scientist who rejects overall similarity and works with branch-

ing order alone; the *phenetist* as one who works with overall similarity alone and tries to measure it in the vain pursuit of objectivity; and the *traditional* taxonomist as one who tries to balance both kinds of information. This is a legitimate act but disparate and often falls into hopeless subjectivity because they conflict with each other. Depicting the situation, he said that "trying to change a cladist's mind is like trying to deprogram a Moonie" (cited in Webster, 1982). In view of the strengths and weaknesses of these taxonomical branches, I suggest that nursing could benefit by using all three systems when possible, to arrive at a classification system.

The difficulty of developing a taxonomy system was also well described by Cattel and Shierer (1961) in their book entitled, *The Meaning and Measurement of Neuroticism and Anxiety*. On the other hand, the reasons for the difficulty of developing a taxonomy were listed as "theoretical orientation; relative emphasis on etiology, complaint, and behavior; and the differences between adults and children" (Chandler and Lundahl, 1983). In every instance, however, all disciplines recognized the need and importance of having a taxonomy. Dreger (1977), for instance, listed the major benefits of having a taxonomy as the following: having a taxonomy would bring clarity to the problem, improve communication among professionals, facilitate research, and provide the necessary conceptual understanding from which the most appropriate and effective intervention choices can be made.

I will now review the historical growth and development of nursing diagnosis and NANDA. The Task Force Group reports of the Third, Fourth, and Fifth National Conferences that were presented by Gordon (1982, 1984) describe detailed accounts of the progress of the National Conference Group. Tables 1, 2, and 3 highlight some of the salient features of the past five national conferences. As can be seen in Table 1, all five National Conferences were held in St. Louis, with the number attending ranging from 119 to 199, except this sixth conference in which more than 450 nurses are in attendance. The major reason why the number attending stayed below the 200 line during the first five National Conferences was that the Conference was by and large by invitation based on expertise and experience. This method was appropriate for the purpose of the conference, that of developing, refining, and approving nursing diagnoses during the initial growing period. Nurses with different functional areas, namely teaching, practice, administration, research, and theory, were present at every Conference. The large number attending this Conference reflects the open invitation to all nurses and the different purpose of the Conference, that is, dissemination of information.

Table 2 shows the methods used to generate and approve nursing diagnoses, and the theorists' involvement. The first four National Conferences used an inductive approach by small groups to generate nursing diagnoses. A hand vote by all attending at the end of the Conferences was used to approve nursing