
Nursing Diagnosis Internationally

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Several factors make this topic, nursing diagnosis internationally, particularly timely. Relevant factors include the global nature of health care and nursing, the need for a common language for describing our practice and our research, and increased exchanges in research and education within the past two decades. In this presentation, each of these factors will be discussed briefly. Then, NANDA's history of involvement in international affairs is presented, and the current work of both the ICN and the current European Work Group on Nursing Diagnosis is described briefly. Summary results of an international survey conducted by the authors will be presented. In summary, recommendations for the future are included.

Global Nature of Health Care and Nursing Work

Within the past few decades, concomitant with the changes in our world at large, nursing and health care have become global issues. With the ease of communication through technological

development and expansion, health professionals have the present and future opportunities to not only share their own understandings, but also to learn from others. The amount of international collaboration within nursing has expanded greatly within the past ten years. International conferences and international professional organizations are much more frequent, as are faculty and student exchange programs.

Need for Common Language

It will be impossible to extend our collaboration without a common language and common definitions of the phenomena of concern within the discipline. Such language is necessary in practice so that we may be better able to describe our services to our patients and our colleagues, within nursing and within the health care team. Further, a common language will assist us in capturing the economic value of our services. Taxonomies of nursing diagnosis and nursing interventions are an important area for continued scholarly activity. As such, they must be con-

ceptually sound and clinically inclusive, rather than restrictive.

Increased Exchanges in Research and Education

Faculty and student exchange programs are more frequent, and there is more opportunity for international research. Also, within the past decade, there has been an increase in international publications and international conferences. It can be expected that this trend will continue, particularly with the advances in communications technology.

OVERVIEW OF PRESENT SITUATION

Brief History of NANDA Involvement in International Discussions

Beginning in the early 1980s, particularly in response to the interest in nursing diagnoses internationally, NANDA established an Ad Hoc Committee on International Affairs. In 1988 this NANDA committee was formalized as a standing committee. Throughout the committee's existence there was consistent attention to the issue of expanding the organization into an international one. In fact, at the Seventh Conference of the North American Nursing Diagnosis Association the assembled members directed the Board and the Ad Hoc Committee on International Affairs to explore the implications of establishing formal international status including budgetary implications, name change, and other relevant issues with the possibility of introducing a future bylaws change. While organizational constraints prevented the implementation of an international mission, the international activities of NANDA were supported, including the welcoming of members from outside North America and the participation of

NANDA representatives in many international conference presentations. These activities are chronicled in the NANDA newsletters and the conference proceedings books.

The most significant outcomes of NANDA's international collaboration included the co-sponsorship of an international conference on clinical judgment and decision making held in Calgary in 1987, the presentations of NANDA's work at both the 1989 and 1993 ICN congresses, and the support of the work to introduce nursing diagnoses into the International Classification of Disease (ICD) structure.

The Calgary conference led to the publication of *Clinical Judgment and Decision Making: The Future with Nursing Diagnosis*, which stands as including the most extensive collection of international papers on nursing diagnosis. (Hannah et al, 1987). More than 600 participants from 36 countries attended this conference. There was wide interest in development of a language for nursing, acknowledging the complexity of classifying nursing phenomena, and language and cultural differences across countries.

The ICD classification project was a collaborative activity between NANDA and the American Nurses Association (ANA) that was originally directed by Lang and Gebbie (1988) and later resulted in a formal collaborative project and publication (Fitzpatrick et al, 1989). As a part of this process ANA officially recognized NANDA as the organization to be used by the ANA Practice Councils for the development, review, and approval of nursing diagnoses, and that such an endorsement would indicate that at any given historical moment the extant NANDA Taxonomy serves as the ANA Nursing Diagnosis Taxonomy (Lang & Gebbie, 1988).

The NANDA work on an ICD classifica-

tion was collaborative with ANA and resulted in the formal submission of a document titled *Conditions That Necessitate Nursing Care* to the World Health Organization for possible inclusion in ICD-10 (Fitzpatrick et al, 1989). While the classification was not accepted for inclusion, this important formal submission laid the groundwork for considerable international focus on classification of nursing work, work that is very active today.

Current NANDA goals in relation to international activities are detailed in the Strategic Plan 1993-96.

ICN Related Activities

ICN has provided leadership for scholarly exchanges on nursing diagnosis, and more recently, for identifying a path for the future. The first formal presentation of the NANDA nursing diagnosis work occurred in 1989 at the Korea ICN meeting.

At the June, 1993, ICN meeting in Spain, there were several presentations where NANDA's work was recognized, and importantly, where there was an enthusiasm for nursing diagnosis internationally. Throughout the conference sessions there was considerable interest expressed by the participants in the process and content of nursing diagnosis, and a commitment to further exploration, with particular attention to the global perspectives.

Within the biennium preceding the 1993 ICN meeting, there had been considerable ICN activity focused on the ICNP (International Classification for Nursing Practice) Project, which is concerned with describing what nurses do. The ICNP Project is addressing issues such as cost constraints; standard setting and quality assurance; need for reliable data in health policy formulation; com-

puterization in health care; the importance of medical classifications and nursing's control over its own work. With the recent support of this project by the Kellogg Foundation, efforts to develop a common language will be enhanced. According to ICN Director Halleran, the classification system being developed will provide a common language that can be used across borders to describe and organize data. Thus it will provide nursing with a tool for use in practice, planning and management, policy development, teaching, and research (International Nursing Review, 1993).

Recent European Developments

In November, 1993, some 350 nurses representing 24 European countries met in Copenhagen for the first European Nursing Diagnosis Conference. The Conference objective was to develop a multilingual and comparable set of nursing diagnoses capable of being linked to the ICN International Classification for Nursing Practice Project. Several discussions were held focusing on the following:

- Identifying the commonalities of the European countries with other regions, e.g., North America
- Setting up a work group to concentrate on conceptual knowledge
- Including cultural aspects and common values in nursing
- Initiating multinational nursing diagnoses validation studies in Europe
- Promoting the use of comparable nursing diagnoses in computerized health information systems
- Organizing scientific committees for conferences on nursing diagnosis
- Publishing a newsletter

As a follow-up to the conference, a

European Group on Nursing Diagnosis met in February, 1994, and made the following decisions:

- To establish a formal association on diagnoses, interventions, and outcomes
- To establish standards for translations
- To develop taxonomies suitable to the European environment
- To help in diffusing models, taxonomies across countries

Plans are already underway for the Second European Conference on Nursing Diagnoses and Interventions to be held in Brussels, Belgium, in May, 1995.

Survey Results

In preparation for this presentation, an effort was made to contact nurses in several countries to determine current knowledge and use of nursing diagnosis, with particular attention to NANDA's work. The sample was not random, and therefore may not be reflective of the total country's perspective on nursing diagnosis. Contacts were made at an international conference held in Europe in 1993. In addition, all non-North American members of NANDA were asked to complete a survey. This method of sampling was used to demonstrate the widespread use of nursing diagnosis throughout the world. It is acknowledged that more systematic and comprehensive studies should be completed, both by region and worldwide.

The total sample included 103 respondents, representing 33 countries. Twenty-five percent of the respondents were drawn from the foreign NANDA membership; seventy-five percent of the respondents were participants from the international conference.

As a point of reference here it should be noted that in 1993 NANDA had 57 active for-

eign members, representing 18 countries including France, Taiwan, Japan, Belgium, Iceland, Denmark, Hong Kong, Russia, Holland, Brazil, Spain, Australia, South Korea, Bahrain, Pakistan, Switzerland, and Italy.

Table 1 lists the countries with respondents and the number of respondents per country.

Table 1

Country	Respondent
USA	11
Japan	8
Brazil	6
France	6
Italy	6
Slovenia	6
Canada	5
South Korea	5
Ireland	4
Netherlands	4
Austria	3
Belgium	3
Finland	3
Hong Kong	3
Hungary	3
Spain	3
Sweden	3
Australia	2
Slovakia	2
Botswana	1
Egypt	1
Iceland	1
Indonesia	1
Israel	1
Luxembourg	1
Malta	1
Pakistan	1
Portugal	1
Puerto Rico	1
South Africa	1
Switzerland	1
Taiwan	1
UK	1

The following questions and responses are a result of the survey:

- When asked if they were aware of any efforts in their country, formal or informal, to use nursing diagnosis in education, 85% of the respondents indicated that nursing diagnosis is used in nursing education.
- When asked if they were aware of any efforts in their country, formal or informal, to use nursing diagnosis in clinical practice, 81% indicated that nursing diagnosis is used in clinical practice.
- When asked which nursing diagnosis model was used, 72% of the respondents indicated use of NANDA nursing diagnoses. Of these, 46% use NANDA diagnoses alone and 26% use NANDA plus other models. Fifteen percent of the respondents use other models (not identified), and 13% indicated they do not use any model.
- When asked whether they were familiar with the work of NANDA, 65% of the respondents were familiar with NANDA's work; 35% indicated no knowledge of NANDA. Countries where respondents indicated no knowledge of NANDA included Hungary, Luxembourg, Malta, and Slovakia.
- Has the NANDA list of nursing diagnoses been translated into the language(s) of your country? Respondents from the following countries acknowledged translation of the NANDA list of nursing diagnoses into the language of their country: Belgium, Brazil, France, Finland,

Hong Kong, Indonesia, Israel, Italy, Japan, Netherlands, Portugal, Puerto Rico, Slovenia, South Korea, Spain, Sweden, Switzerland, and Taiwan. This represents 17 of the 33 countries from which we received responses.

- Are you interested in learning more about nursing diagnoses? Importantly, 94% of the respondents indicated that they were interested in learning more about nursing diagnoses.
- Do you think it is important to use nursing diagnoses in practice? Ninety-seven percent said that they thought it was important to use nursing diagnoses in practice.

Interpretation of the Findings

While these results, as indicated above, may represent the opinions of a select group of nurses within the 33 countries, they also are important as a general view of the extent to which nursing diagnosis as method and terminology has been disseminated throughout the world. Notably, there is a positive attitude toward nursing diagnosis generally, and a widespread adoption of NANDA diagnoses throughout education and clinical practice. The large number of translations of the NANDA nursing diagnoses which currently exist is also particularly noteworthy, especially given the lack of formalization of an international scope and goals by NANDA. Knowledge dissemination occurs quickly and is likely to be even more rapid if there is a vacuum to be filled. Development of nursing diagnosis has met an important need within the discipline. As there continues to be an even greater emphasis on outcomes of nursing care, we can expect the focus on nursing diagnosis, nursing

interventions, and nursing outcomes to be even more critical.

Future Directions and Future Needs

There is great potential for expansion of use of nursing diagnoses in education, practice, and research throughout the world. But we must approach our efforts with scientific rigor and systematic clinical validation.

Strategies for enhancing the worldwide collaboration are as follows:

1. *Increased Communication.* At all levels, both formally and informally, through existing professional organizations and between and among individual researchers and clinicians, communication must be increased. The professional organization work that is occurring through the ICN leadership is particularly significant; efforts should be supported and expanded through the professional organizations within each country. It will be important to have the classification of nursing practice in general, and nursing diagnosis in particular, a formal part of the next ICN conference to be held in Vancouver in 1997. In addition, there should be efforts to develop international networks among nurses interested in the same clinical areas and the same clinical phenomena. One method to accomplish this goal is to increase the number of, and participation in, international conferences focused specifically on nursing diagnosis. A second recommendation is to increase the exchange of knowledge through professional publications, including scholarly journals and newsletters.

2. *Cross-cultural Research.* Just as knowledge dissemination across continents and cultures is important to the future, so also is the implementation of systematic cross-cultural research. NANDA could provide the direction

for this research, identifying the critical issues to extend the nursing diagnosis research already completed. There is a dearth of research on nursing diagnosis which addresses the cross-cultural dimension or includes an international comparison.

3. *Translation Criteria.* Just as criteria have been developed for the formalization of nursing diagnoses through NANDA, it is important to develop criteria and standardized methods for translation. Even though the NANDA diagnoses and others have been translated into several languages, there is no published information describing the process, or any necessary content changes. Further, there is no consistent mechanism across countries to assess the clinical validity of the translated diagnoses.

Summary

In summary, it is apparent that within the last twenty years, since the inception of nursing diagnosis, there have been many changes worldwide. And within nursing we are on the threshold of many new professional developments. We have only recently laid the foundation for our disciplinary research and advanced education programs, and even now there are many countries involved in early stages of implementing university-level education. Because of its position as a pioneer in the nursing diagnosis arena, NANDA must once again confront its international obligations and future plans in relation to ICN and other professional organizations, and particularly in relation to the ICNP Project and the work of the European Nursing Diagnosis Group. At the minimum, NANDA must take a leadership role in implementing collaborative international conferences, clinical evaluation projects, and research.

References

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