

Child Development in the NANDA-I and International Classification for Nursing Practices Nursing Classifications*

Juliana Martins de Souza, MsC, and Maria De La Ó Ramallo Veríssimo, PhD

Juliana Martins de Souza, MsC, is a Nurse, Master in Pediatrics, Doctorate Student at the Graduate Studies Program, School of Nursing, University of São Paulo, São Paulo, Brazil, and Maria De La Ó Ramallo Veríssimo, PhD, is a Nurse and a Professor at the School of Nursing, University of São Paulo, São Paulo, Brazil.

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Author contact:

jumartins@usp.br or
jumartins2005@gmail.com,
with a copy to the Editor:
journal@nanda.org

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PURPOSE: Identify and analyze the NANDA-I diagnoses and the focus terms of the International Classification for Nursing Practices (ICNP) related to child development.

DATA SOURCES: Literature, reflections about clinical experience, and a model case.

DATA SYNTHESIS: The current diagnoses proposed by NANDA-I and the ICNP focus terms do not encompass the extent of the child development phenomenon.

CONCLUSIONS: It is necessary studying the child development concept to improve the definition of the ICNP focus terms and the accuracy of NANDA-I diagnoses.

IMPLICATIONS FOR NURSING PRACTICE: Discussing the nursing classifications can improve their understanding and use.

OBJETIVO: Identificar e analisar os diagnósticos da NANDA-I e os termos foco da Classificação Internacional das Práticas de Enfermagem (CIPE), relacionados ao desenvolvimento infantil.

FONTES DE DADOS: Literatura, reflexões sobre a experiência clínica e um caso modelo.

SÍNTESE DOS DADOS: Os diagnósticos atuais propostos pela NANDA-I e os termos foco da CIPE não abrangem a extensão do fenômeno desenvolvimento infantil.

CONCLUSÕES: É necessário estudar o conceito do desenvolvimento infantil para melhorar a definição dos termos focos da CIPE e a acurácia dos diagnósticos da NANDA-I.

IMPLICAÇÕES PARA A PRÁTICA DE ENFERMAGEM: Discutir as classificações de enfermagem pode melhorar sua compreensão e uso.

The accountability and quality of nursing practice includes the standardization of language, which provides better organization and systematization of the nursing actions and places the professional's performance under observation in an orderly manner, thus favoring its constant refinement and changing (Cruz, 2000). In addition, nursing classifications can be a valuable tool in the nurse's work, as a body of knowledge that sustains a grounded and systematic practice, with the elements nursing interventions, which are provided to the patients, considering their human needs (nursing diagnoses), to produce certain results (nursing outcomes) (Conselho Internacional de Enfermeiros [CIE], 2007).

The child's health is an area of great importance, on which nurses have a crucial role; therefore, it is critical that those classifications are able to approach the peculiarities of this age group. One of the priority axes of the comprehensive children health care is the growth and development follow-up (Ministério da Saúde. Brasil, 2002) by systematic developmental surveillance and screening. This allows professionals to support health promotion and disease prevention for children.

Acting in the promotion of child development is critical in ensuring the full development of the human being. Mustard (2010) presents research carried out in several countries that demonstrated the importance of early investments in

childhood to improve the overall quality of the population and to reduce inequalities in health, competence, and skills in competition.

It is understood today that child development results from the relationship between genetics and environment (Harvard University, 2012). The environment encompasses the quality of care that children receive early in life. Physical, mental, and social development of children depends largely on the care that they receive in childhood. This care must consider the very characteristics and needs of childhood, which arise from their development process (Brazelton & Greenspan, 2002; Chiesa, Fracolli, & Veríssimo, 2008; Shore, 2000).

In Brazil, nurses have a strong role in childhood development surveillance at primary care, especially in the first 2 years of life. Child development in the first 2 years of life is of critical importance because in this stage (a) the nervous tissue has greater plasticity; (b) children are most vulnerable to diseases during the first 2 years; and (c) children more readily respond to therapy and stimuli received from the environment during the first 2 years. Therefore, it is essential that professionals, family, and community carry out surveillance of the development of their children, especially during this period (Figueiras, Souza, Rios, & Benguigui, 2005; Harvard University, 2012).

The diagnostic classifications are based on child development problems as a result of disease or other problems as inadequate care, not on prevention and health promotion. Therefore, there is a lack of diagnostic classifications to adequately guide the nurse in the selection of interventions to promote healthy child development.

Objective

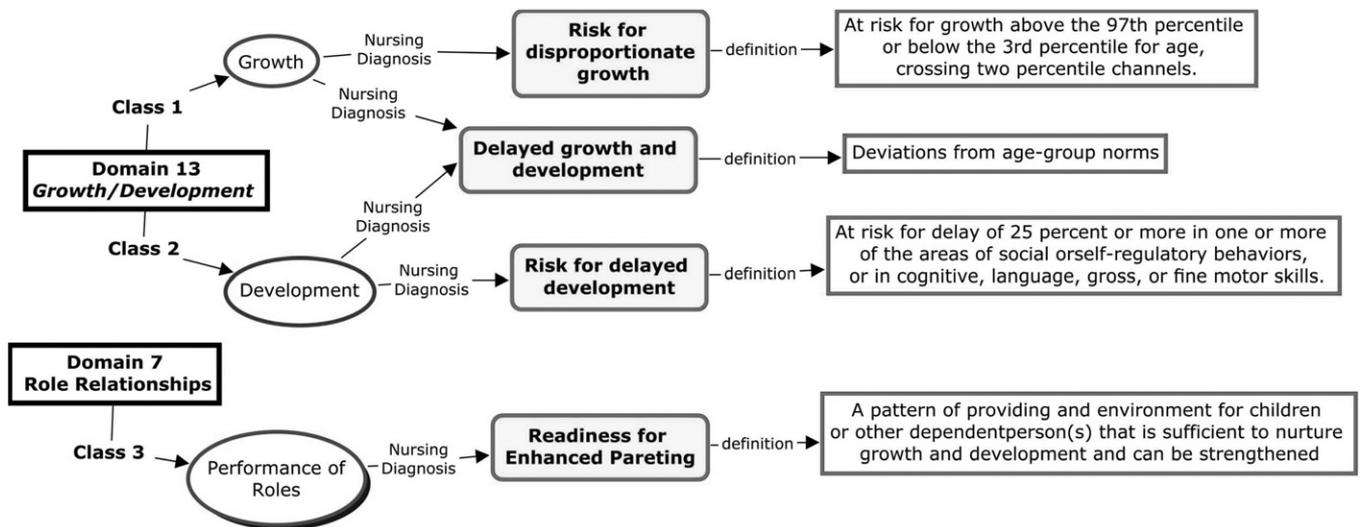
The objective of this study was to identify and analyze the nursing diagnoses of NANDA-I (2010, 2011) and the focus terms of the International Classification for Nursing Practice (ICNP) version 2.0, both related to child development (International Council of Nurses [ICN], 2011).

Data Sources

A systematic search for diagnoses of NANDA-I and ICNP version 2.0 focus terms was carried out on their databases to apply them in a model case about an infant in a nursing consultation at primary care. A model case is a theoretical example based on reality designed to study a concept (Walker & Avant, 2004). In this model case, the infant had adequate feeding for the age, was within the appropriate growth percentiles for the age, and did not show any developmental delay or risk factors.

The search of the diagnoses of NANDA-I was performed at the original textbooks in English language and at the textbooks translated to Portuguese currently applied in nursing education in Brazil. Because the child development is a complex phenomenon which depends on individual characteristics and also on the daily care, all the domains, diagnoses and definitions of NANDA-I were analyzed to guarantee the inclusion of all the potential diagnoses (NANDA-I, 2010, 2011). We conclude that only domains 13 and 7 had nursing diagnoses relevant to the model case (Figure 1). Thus, they were analyzed to study their applicability to the case.

Figure 1. Nursing Diagnoses of NANDA-I, Related to Child Development and Their Definitions, Domains, and Classes



The search in the ICNP was carried out using the focus terms that approach aspects of child growth and development and their definitions. The term growth was also chosen because many authors use it to define development. We initially searched for these terms in the home page of the Order of Nurses in Portugal because they had translated the ICNP version 2.0 into Portuguese and the site also provides software that facilitates the search (Ordem dos enfermeiros, 2011). The terms were then found in version 1.0 (CIE, 2007) in Portuguese and later confronted with the current version, 2.0, translated into Brazilian Portuguese (ICN, 2011), which had been recently released. The original English version was also consulted to verify the translation (ICN, 2011).

To support the analysis of the classifications, it was used for the technical documents of the Brazilian Ministry of Health and the main literary sources about pediatric nursing and pediatrics in Brazil. The analysis was also discussed in a graduate class with nursing students and during clinical practice activities with undergraduate students.

Data Synthesis

Child Development in the NANDA-I Taxonomy

As shown in Figure 1, we analyze four diagnoses considered the most appropriate to the model case.

In domain 13, the terms growth and development are presented in two separate classes, but they are presented together in the diagnosis “Delayed growth and development” (Figure 1).

The child may have deviations of growth without development deficit and the opposite too; therefore, the diagnosis is not specific or appropriate for describing the most frequent situations. Although they are in general intrinsically related, delayed growth and development can be independently evaluated, with “different and specific approaches to their perception, description and evaluation” (Ministério da Saúde. Brasil, 2002). Growth can be objectively assessed with instruments that measure mass or dimensions, and development can be evaluated by comparison with the standards of reference. In addition, there are actions or interventions specific to each phenomenon.

The diagnosis *Delayed growth and development* is defined as “deviations from age-group norms” (NANDA-I, 2010, 2011). However, it does not explain how to select a standard to be considered to evaluate the child. Regarding the development, there are several scales that can be used for evaluation, and their selection and application require specific knowledge to obtain reliable results.

Regarding the diagnosis *Risk for disproportionate growth*, the definition of NANDA-I uses the reference standard developed by the National Center for Health Statistics and the Center for Disease Control of the United States. However, this reference was questioned by the World Health Organization (WHO) in 1993, considering several limitations. After an international study, the WHO proposed

a new benchmark, which is also recommended by the Brazilian Ministry of Health since 2007 (Victoria, Araújo, & Onis, 2011).

The diagnosis *Risk for delayed development* is defined as “at risk of delay of 25% or more in one or more areas of (...) behaviors (...)” (NANDA-I, 2010, 2011). However, the assessment of the behaviors allows the classification of the status of the development but not the risks for delay in development. The risk for delay in the development is present when there are adverse factors that can alter the normal pace of development, e.g., poor care and stimulus offer to the children, or some biological characteristics of them (Figueiras, Souza, Rios, & Benguigui, 2005). Also, the risk for delay in the development does not predict levels of delays, so it is impossible to measure the development in a numeric way, which means that this diagnosis is unfeasible.

As described earlier, once the diagnosis of risk to the development is inadequate, only the diagnosis of real deficit is feasible. So the NANDA-I diagnoses only support the nurse in recognizing, implementing, and encouraging actions to restart development when the child has a problem, but not in addressing the aspects of child development promotion.

We also reviewed domain 7, Roles Relationships (NANDA-I, 2010, 2011), because it includes the diagnosis *Readiness for enhanced parenting* (NANDA-I, 2010, 2011). This diagnosis is pertinent to child development because the relationships between children and their caregivers are one of most important factors to promote development. It has defining characteristics that are relevant to the promotion of child development and to the elaboration of an adequate plan of care for the child. However, despite the fact that the definition of the diagnosis includes other caregivers, the term parenting might hamper choosing this diagnosis when the caregiver is someone other than the child’s parents.

In summary, there are no specific nursing diagnoses related to child development promotion in NANDA-I to apply to this model case. The diagnostics of risk and deficit are not specific to ensure the proper approach to the nurse when promoting child development.

Child Development in the ICNP

In the ICNP, there are four focus terms related to growth—*growth, normal growth process, delayed growth, disproportionate growth*—and five terms related to child development—*adolescent development, newborn development, infant development, child development, and psychomotor development* (ICN, 2011).

The focus terms growth and development are displayed in the ICNP as separate terms; however, their descriptions are confused, mixing the two concepts. For instance, the description of the term *growth* includes “normal physical development (...)” and the term *child development* includes “physical, mental and social growth and development, (...)” (ICN, 2011). Furthermore, several terms are described in the

same manner or have poor definitions, such as the terms “growth delay” and “disproportionate growth,” both described as “growth” (ICN, 2011).

With such imprecise definitions and several foci addressing aspects of child growth and development, it is difficult to compose the diagnostic statement. The composition of various diagnoses with the same meaning impairs the standardization of the language.

The ICNP version 2.0 brings some defined diagnostic statements that address aspects of child development. These diagnostic statements approach aspects on risk or impairment of development and do not address the aspects of development promotion. Also, the descriptions of the diagnostic statements refer to the focus terms described earlier, without further details. The positive and negative diagnoses also have the same description.

Thus, the ICNP classification does not support the nurse in selecting or enunciating the diagnoses to this model case.

Discussion

The analysis performed here corroborates that one of the factors affecting the implementation and use of nursing diagnosis is the difficulty with the terminology (Paganin, Moraes, Pokorski, & Rabelo, 2008). According to Garcia and Nóbrega (2010), to promote the science of nursing, it is needed to make the language objective, placing the words that constitute it in a common universe of perception and communication. To recognize the meaning of the concepts in the special language of nursing is a basic aspect, and it increases its potential practical application.

The results of the study suggest that there are limitations in the current NANDA-I diagnosis related to healthy childhood development. Considering that growth and development are different phenomena, it is necessary to delineate each diagnostically. This study supports the need to conduct a concept analysis to delineate the diagnosis of and the defining characteristics related to healthy child development.

When consulting the Nursing Interventions Classification (Dochterman & Bulechek, 2008) and the Nursing-Sensitive Outcomes Classification (Moorhead, Johnson, & Maas, 2008), we noted that several proposed results and suggested interventions are appropriate for child development promotion. However, neither NANDA-I nor the ICNP could be used to develop the care plan including those interventions and outcomes associated with a development diagnostic.

Therefore, one of the possible reasons that the child development topic in both classifications was inappropriate to answer the case model is that child development is a broad and complex process, not yet considered by these classifications. Thus, the analysis of the concept of the “child development” term is important in reviewing the definition of the focus terms of the ICNP focus and in affirming the accuracy of nursing diagnoses of NANDA-I in the promotion of child development. This analysis will entail the review of the terms and diagnoses in the original language,

as well as in the translations into Portuguese, either Brazilian and Luso (European) ones.

Conclusion

This study enabled us to verify that both nursing classifications NANDA-I and the ICNP address child development, but both need improvements, as they are restrictive and imprecise. This can occur because the term child development is broad and complex. To contribute to the improvement of nursing classifications related to child development, we are now performing a concept analysis of this term.

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