1016

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TERMINOLOGY OF DIAGNOSES RELATED TO URINARY ELIMINATION: CROSS MAPPING BETWEEN ICS AND NANDA-I

Hypothesis / aims of study

This is the first study to compare the equivalence between the nursing diagnoses from NANDA-I taxonomy, version 2015-2017[1], with terms of the ICS terminology (symptoms, signs, urodynamic observations and conditions)[2]. The relevance of this study is the necessity to use a consensus terminology among all the members of the multiprofessional team that take care people with lower urinary tract dysfunctions, in order to promote effective communication within the health team, as in the assistance activities as in teaching and research.

Study design, materials and methods

A cross mapping was performed, which is a method that allows the comparison between languages standardized or not. Data collection was performed in three stages: 1.Extraction of the terms, which consisted in the listing of nursing diagnoses related to urinary elimination from NANDA-I terminology and the signs, symptoms, urodynamic observations and conditions described by ICS[2] and ICS / IUGA[3]; 2.Mapping (normalization and comparison of the terms), which consisted of grouping the terms that represented similar concepts in the two taxonomies and the intersection of NANDA-I nursing diagnoses with the symptoms, signs, urodynamic observations and conditions contained in the ICS terminology; 3.Validation, which consisted in the classification of positive (1:1) and negative (1:0) connections, performed independently by two researchers with more than 10 years of clinical experience and research in the field. Then, we reached consensus through discussion and based on relevant literature. As recommended by the literature, the following rules were established as the cross mapping was delineated:

1. For each nursing diagnosis from NANDA-I terminology should be identified the signs or symptoms or urodynamic observations or conditions from the ICS terminology that correspond to them, that is, they have to be similarity in the title, definition and defining characteristics (clinical indicators) or related or risk factors (etiological factors or contributing factors); 2. Cross-mapping should identify positive connections (1:1), i.e. when the concept of one terminology matches perfectly or is equivalent in meaning of one term of another terminology; 3. In the absence of matching, cross-mapping would identify negative connections (1: 0), i.e. the presence of a concept of one terminology missing in the other.

Results

From the nine NANDA-I diagnoses contained in the Urinary Function class, five were mapped with symptoms of ICS terminology, three with signs, five with urodynamic observations and two with conditions, considering only when the correspondence was positive. Five nursing diagnoses obtained a positive connection (1:1) with symptoms, signs, urodynamic observations and conditions of ICS terminology, namely: Reflex Urinary Incontinence, Urinary Retention, Urge Urinary Incontinence, Stress Urinary Incontinence and Urinary Elimination Impaired. The nursing diagnoses with which all categories corresponded were Urinary Retention, Stress Urinary Incontinence and Urinary Elimination Impaired, the latter of which had the highest number of positive connections. However, the number of negative connections (1:0) was higher than the positive connections in all analyzed items: 26 symptoms, 5 signs, 13 urodynamic observations and 6 conditions.

Interpretation of results

We did not found connections between ICS and the nursing diagnoses Readness for Enhanced Urinary Elimination, considered as a health promotion diagnosis, that is a pattern of urinary functions for meeting eliminatory needs and that could be strengthened. In ICS no terms related to health situations or results related to treatment are found, which may explain the finding. The perfect correlation in mapping the concepts requires a 1:1 connection between the terms of the two taxonomies. However, this is a rare event. Positive connections were observed for symptoms, signs, urodynamic observations and conditions at lower frequency than negative connections (1:0). Sress Urinary Incontinence, as the term of the ICS and ICS/ IUGA, presents the same title/label as the nursing diagnoses Stress Urinary Incontinence, with very similar definitions, which may explain the positive correlation; the same occurs with respect to the nursing diagnoses Urge Urinary Incontinence. The nursing diagnoses Urinary Retention also showed a positive correlation for all categories of ICS terminology. On the other hand, the nursing diagnoses Impaired Urinary Elimination is a general term, which encompasses symptoms and signals (named defining characteristics by the NANDA-I) of practically all other nursing diagnoses, being therefore non-specific and favoring its positive connection with all the terms of ICS and ICS/IUGA.

Concluding message

The number of positive correlations observed was small, which limits the accuracy and readiness to diagnose patients with symptoms or sinals of the lower urinary tract dysfunction. Thus, the findings indicate the need to review some of the terms contained in the two terminologies, in order to be more comprehensive and useful to all professionals involved in patient care with urinary elimination problems, as well as to better target teaching and research conducted in the area.

References

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