

## PALLIATIVE CARE AND ITS RELATIONSHIP WITH THE NURSING DIAGNOSES OF NANDA-I AND NIC TAXONOMIES

Cuidados paliativos e sua relação com os diagnósticos de enfermagem das taxonomias NANDA-I e NIC

Cuidados paliativos y su relación con los diagnósticos de enfermería de las taxonomias NANDA-I y NIC

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### ABSTRACT

**Objective:** to identify which nursing diagnoses of the *North American Nursing Diagnosis Association Internacional* (NANDA-I) taxonomy described or indicated in the scientific productions are related to patients in palliative care and which are the most appropriate nursing interventions according to the Nursing interventions classification (NIC). **Method:** an integrative review of the literature, which consists of the construction of a comprehensive literature review, with the initial purpose of obtaining an understanding of a given phenomenon based on previous studies. **Results:** a survey of the studies related to the subject was carried out in bibliographic sources through three computerized systems. Of the articles found, only ten made possible the identification of Nursing Diagnostics, or their inference. These diagnoses were counted and related to the most appropriate interventions according to the literature. **Conclusion:** little expressive scientific production was identified, but it was still possible to identify diagnoses and diagnostic inferences that allowed to determine which nursing interventions would be the most adequate.

**Descriptors:** Palliative care; Nursing; Nursing diagnosis.

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## RESUMO

**Objetivo:** identificar quais diagnósticos de enfermagem da taxonomia da *North American Nursing Diagnosis Association Internacional* (NANDA-I) descritos ou indicados nas produções científicas possuem relação com os pacientes em cuidados paliativos e quais são as intervenções de enfermagem mais adequadas segundo a Classificação das Intervenções de Enfermagem (NIC). **Método:** revisão integrativa da literatura, que consiste na construção de uma análise ampla da literatura tendo como propósito inicial obter entendimento de um determinado fenômeno baseando-se em estudos anteriores. **Resultados:** realizou-se um levantamento sobre os estudos relacionados ao tema em fontes bibliográficas através de três sistemas informatizados. Dos artigos encontrados, apenas dez tornavam possível a identificação de Diagnósticos de Enfermagem, ou sua inferência. Estes diagnósticos foram contabilizados e relacionados às intervenções mais adequadas de acordo com a literatura. **Conclusão:** foi identificada uma produção científica pouco expressiva, mas, ainda assim, foi possível identificar diagnósticos e inferências diagnósticas que permitiram determinar quais intervenções de enfermagem seriam as mais adequadas.

**Descritores:** Cuidados paliativos; Enfermagem; Diagnóstico de enfermagem.

## RESUMÉN

**Objetivo:** identificar qué diagnósticos de enfermería de la taxonomía de la *North American Nursing Diagnosis Association Internacional* (NANDA-I) descritos o indicados en las producciones científicas, poseen relación con los pacientes en cuidados paliativos y cuáles son las intervenciones de enfermería más adecuadas según la Clasificación de las intervenciones en enfermería (NIC). **Método:** revisión integrativa de la literatura, que consiste en la construcción de un análisis amplio de la literatura teniendo como propósito inicial obtener entendimiento de un determinado fenómeno basándose en estudios anteriores. **Resultados:** se realizó un relevamiento sobre los estudios relacionados al tema en fuentes bibliográficas a través de tres sistemas informatizados. De los artículos encontrados, sólo diez hicieron posible la identificación de Diagnósticos de Enfermería, o su inferencia. Estos diagnósticos fueron contabilizados y relacionados con las Intervenciones más adecuadas de acuerdo con la literatura. **Conclusión:** se identificó una producción científica poco expresiva, pero aún así fue posible identificar diagnósticos e inferencias diagnósticas que permitieron determinar qué intervenciones de enfermería serían las más adecuadas.

**Descritores:** Cuidados paliativos; Enfermería; Diagnóstico de enfermeira.

## INTRODUCTION

In 1987 there was a change in the age profile of the Brazilian population with a progressive increase in the elderly population in the country.<sup>1</sup> Improvement of health conditions coupled with technological advances made it possible for many diseases previously considered lethal to become chronic non-communicable diseases, such as cancer, diabetes, circulatory diseases and chronic respiratory diseases<sup>2</sup>, increasing the longevity of patients with these diseases.<sup>3</sup>

In addition, in 2002 the World Health Organization (WHO) published the most current most used definition of palliative care:<sup>3</sup>

*Palliative Care is an approach that improves the quality of life of patients (adults and children) and families facing problems associated with life-threatening diseases.*

*Prevents and relieves suffering through early identification, correct assessment and treatment of pain and other physical, psychosocial or spiritual problems.*<sup>4</sup>

In 2015, the intelligence department of The Economist published the index of countries with the highest quality of death. Brazil ranks 42nd, below Latin American countries such as Ecuador, Uruguay, Cuba and Argentina and African countries such as Uganda and South Africa.<sup>5</sup>

Data such as this are used by WHO and the Worldwide Hospice Palliative Care Alliance (WPCA) as indicators of the progress of palliative care implementation worldwide.<sup>6-7</sup>

Palliative care is complex, therefore determining how the nurse should act requires knowledge and skills to deal in a humanized and professionally prepared manner with patients in conditions of extreme physical, psychological, spiritual and emotional fragility. This professional has a greater opportunity for effective care due to the time spent with the patient and family<sup>8</sup> offering the largest portion of care, directly and indirectly to the person.

The methodological instrument that guides professional care of nurses is the Nursing Process (PE)<sup>9</sup>, which is divided into five stages, namely: Data collection, Nursing Diagnosis, Nursing Planning, Nursing Implementation and Nursing Evaluation.

Knowing how to correctly identify nursing diagnosis is the basis for choosing nursing interventions and thus achieve results for which nurses are responsible.<sup>10</sup> It also enables clear communication between health team members and data collection for improving continuous patient care.

The objectives of this study are:

- Identify nursing diagnoses according to the North American Nursing Diagnosis Association (NANDA-I) taxonomy in scientific articles that relate to the concept of palliative care based on the 2002 WHO definition.
- Perform diagnostic inference through the interpretation of the signs, symptoms and diagnostic indicators described in scientific productions.
- Relate the described and potential diagnoses with the Classification of Nursing Interventions (CIN)

A nursing diagnosis is “a clinical judgment about a human response to health conditions / life processes, or a susceptibility to that response by an individual, family, group or community”<sup>9,10</sup>

And for each nursing diagnosis there is at least one intervention provided by the NIC<sup>11</sup> taxonomy, and at least one nursing intervention must be performed for each respective diagnosis to consider the nursing process applied efficiently.<sup>9</sup>

Thus, the following research question was used: Which nursing diagnoses of the NANDA 2018-2020 taxonomy described or inferred through interpretation in scientific articles are related to patients in palliative care according to the 2002 WHO definition and what are the most appropriate interventions according to the NIC taxonomy?

## METHODS

The research method used was the integrative literature review, which consists of building a broad literature review with the initial purpose of obtaining a deep understanding of a given phenomenon based on previous studies.<sup>12</sup>

The process of elaborating the integrative review begins with the definition of a problem followed by the formulation of a hypothesis or research question that has relevance to health and nursing. This research question is equivalent to the research question presented earlier.

The Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science and Latin American Health Sciences Literature (LILACS) databases were used with the descriptors “Palliative Care” and “Nursing Diagnosis”, using the Boolean “and”.

As inclusion criteria were considered articles in full, in Portuguese, English or Spanish published between 2013 and 2018, which had as authors nurses with care practice in palliative care. Exclusion criteria included duplicate articles and articles in which it was not possible to identify signs and symptoms, at least five diagnoses or diagnostic indicators, these being the related factors and defining characteristics.<sup>10</sup>

According to Mendes, the reviewer then aims to organize and summarize the information concisely, forming a database that is easily accessible and easily managed.

In this study, through the articles found and their interpretation it was possible to point out which signs and symptoms, diagnostic indicators and potential nursing diagnoses were identified in the literature. Then the most appropriate interventions were suggested based on the NIC Nursing Intervention Classification.

Identifying the diagnostic inferences through the evidence of the articles becomes possible because the decision for a nursing diagnosis follows subjective steps such as situation assessment and clinical judgment, thus allowing the formulation of diagnostic hypotheses or explanations of the problems, risks and / or opportunities for health promotion through nursing.

At this stage of the process, the nurse observes the related information forming a pattern. It is a way of identifying what human responses the patient may be experiencing. In identifying these patterns, it is necessary that nurses understand the concept underlying each diagnosis.<sup>10</sup>

The presence of diagnostic indicators as defining characteristics and related factors will support the choice of diagnoses only after the identification of potential diagnoses.<sup>10</sup>

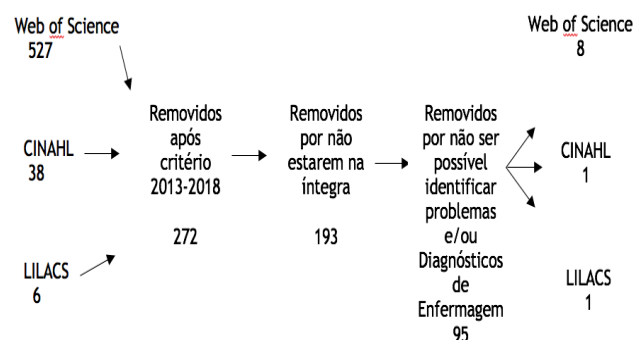
Therefore, the decision for potential diagnosis itself is a subjective and nurse-related step, since it depends on their knowledge of concepts underlying the nursing discipline. This knowledge of the concepts of each diagnosis makes it possible to attribute exact meaning to the data collected from the patient, or in this case, inferred through the selected literature preparing this professional for the planning of appropriate interventions.

## RESULTS AND DISCUSSION

We conducted a survey on nursing-related studies in Palliative Care from bibliographic sources through a computerized system: Web of Science, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Latin American Health Sciences Literature (LILACS).

Palliative care and Nursing Diagnosis were used as descriptors along with Boolean “and” and the inclusion and exclusion criteria presented below (Figure 1) were applied.

**Figure 1** - Flowchart of the integrative review “Palliative care and Nursing Diagnosis”. Rio de Janeiro, RJ, Brazil, 2019



After the selection of publications, a database was created in table format according to year, title, signs and symptoms described and or diagnoses described, diagnostic inferences based on the NANDA-I taxonomy interpreted throughout the article (Chart 1,2, 3).

**Table 1** - Publications by year, title, signs and symptoms described and or Diagnoses described, and Diagnostic inferences based on the NANDA-I taxonomy for the CINAHL database. Rio de Janeiro, RJ, Brazil, 2019

Database CINAHL			
Year	Title	Signs and symptoms described and/or Diagnosis described	Diagnostic inferences based on NANDA-I taxonomy
2015	Infomarkers for transition to goals consistent with palliative care in dying patients <sup>13</sup>	Ineffective health maintenance	Ineffective health maintenance
		Imbalanced Nutrition: Less Than Body Needs	Imbalanced Nutrition: Less Than Body Needs
		Poor fluid volume	Poor fluid volume
		Impaired gas exchange	Impaired gas exchange
		Activity intolerance	Impaired Physical Mobility
		Impaired Physical Mobility	Activity intolerance
		Poor knowledge	Poor knowledge
		Death related anxiety	Death related anxiety
		Compromised family coping	Compromised family coping
		Feeling of helplessness	Feeling of helplessness
		Impaired Resilience	Impaired Resilience
		Risk of feeling helpless	Risk of feeling helpless
		Willingness to improve family coping	Willingness to improve family coping
Spiritual suffering	Spiritual suffering		
Disposition for improved decision making	Disposition for improved decision making		
			Acute pain
			Chronic pain

NANDA-I: North American Nursing Diagnosis Association Internacional

**Table 2** - Publications by year, title, signs and symptoms described and or Diagnoses described, and Diagnostic inferences based on the NANDA-I taxonomy referring to the Web of Science database. Rio de Janeiro, RJ, Brazil, 2019

Database Web of Science			
Year	Title	Signs and symptoms described and/or Diagnosis described	Diagnostic inferences based on NANDA-I taxonomy
2018	Existential experience of children with cancer under palliative care <sup>14</sup>	Altered body image, Disturbed body image, Low situational self-esteem, Decreased control over environment, Impaired social interaction, Impaired social function, Fear, Separation of support system, Chronic pain	Low situational self-esteem, Body image disorder, Impaired social interaction, Fear, Chronic pain
2017	Changes in professionals' beliefs following a palliative care implementation programme at a surgical department: a qualitative evaluation <sup>15</sup>	Imbalanced nutrition: less than body needs, Fatigue, Lethargy, Chronic confusion, Impaired verbal communication, Death related anxiety, Anxiety, Chronic pain, Nausea	Imbalanced Nutrition: Less than Necessary, Body Fatigue, Chronic Confusion, Impaired Verbal Communication, Death-Related Anxiety, Anxiety, Chronic Pain, Nausea
2016	Improving care in pediatric neuro-oncology patients: an overview of the unique needs of children with brain tumors <sup>16</sup>	Dysarthria, Dysphagia, Poor mobility, Tetraplegia, Seizures, Dysphagia, Dyspnea, Epilepsy, Agitation, Delirium, Loss of memory, Cognitive decline, Impaired communication, Headache	Impaired Swallowing, Impaired Physical Mobility, Ineffective Breathing Pattern, Acute Confusion, Impaired Memory, Chronic Confusion, Impaired Verbal Communication, Acute Pain
2016	Validation of the defining characteristics of the nursing diagnosis impaired comfort in oncology <sup>17</sup>	Feeling of limitation, Dissatisfaction with the situation, Anxiety, Anguish, Spiritual distress, Fear, Itching, Heat, Hunger, Expression of discomfort, Feeling of discomfort, Restlessness, Inability to relax, Altered sleep pattern, Discouragement, Crying, Insecurity, Irritability, Contempt, Feeling of discomfort	Ineffective Coping, Stress Overload, Anxiety, Spiritual Suffering, Sleep Pattern Disorder, Fear, Impaired Comfort

Database Web of Science			
Year	Title	Signs and symptoms described and/or Diagnosis described	Diagnostic inferences based on NANDA-I taxonomy
2015	Patients' perceptions of palliative care: adaptation of the quality from the patient's perspective instrument for use in palliative care, and description of patients' perceptions of care received <sup>18</sup>	Lack of ability to self-care, Inability to walk, Impaired perception, Lack of understanding about terminality, Difficulty of acceptance	Risk-prone health behavior, Impaired ambulation, Self-care deficit (diet, bath, intimate hygiene, dressing), Related anxiety death, risk of falling
2015	Improving human immunodeficiency virus/aids palliative care in critical care <sup>19</sup>	Vomiting, Diarrhea, Fatigue, Dyspnea, Stigmas, Fear of death, Anxiety, Depression, Need for psychosocial support, Pain	Dysfunctional gastrointestinal motility, Diarrhea, Fatigue, Ineffective breathing pattern, Death-related anxiety, Chronic pain
2015	Dying in a nursing home: treatable symptom burden and its link to modifiable features of work context <sup>20</sup>	Dyspnea, Delirium, Challenging Behavior, Urinary Tract Infections, Pressure Injuries, Pain	Ineffective Respiratory Pattern, Acute Confusion, Impaired Social Interaction, Risk of Infection, Impaired Skin Integrity, Chronic Pain
2013	Family caregiver burden, skills preparedness, and quality of life in non-small cell lung cancer <sup>21</sup>	Fatigue, Dyspnoea, Significant Functional Decline, Emotional Stress Depression Symptoms, Chronic Pain	Fatigue, Ineffective Respiratory Pattern, Chronic Confusion, Stress Overload, Chronic Pain

NANDA-I: North American Nursing Diagnosis Association Internacional

**Table 3** - Publications by year, title, signs and symptoms described and or Diagnoses described, and Diagnostic inferences based on the NANDA-I taxonomy for the LILACS database. Rio de Janeiro, RJ, Brazil, 2019

Database LILACS			
Year	Title	Signs and symptoms described and/or Diagnosis described	Diagnostic inferences based on NANDA-I taxonomy
2013	Perfil de diagnósticos de enfermería en un hospital brasileño especializado en cuidados paliativos oncológicos <sup>22</sup>	Ineffective Protection, Impaired Oral Mucosa, Malnutrition, Fluid Volume Deficiency, Fluid Overflow, Impaired Urinary Elimination, Constipation, Diarrhea Altered sleep pattern, Impaired physical mobility, Fatigue, Self-care deficit, Acute confusion, Chronic sadness, Anxiety, Ineffective airway cleaning, Impaired gas exchange, Risk of infection, Risk of falls, Impaired swallowing, Risk of aspiration, Risk of impaired skin integrity, Pain, Nausea	Ineffective Protection, Impaired Swallowing, Unbalanced Nutrition: Less Than Body Needs, Poor Fluid Volume, Excessive Fluid Volume, Impaired Urinary Elimination, Dysfunctional Gastrointestinal Motility, Diarrhea Sleep Pattern Disorder, Impaired Physical Mobility, Fatigue, Self-care deficit (diet, bath, intimate hygiene, dressing), Acute confusion, Chronic sadness, Anxiety, Ineffective airway clearance, Risk of infection, Risk of falls, Integrity of impaired oral mucous membrane, Risk of aspiration Risk of impaired skin integrity, Impaired skin integrity, Chronic pain, Nausea

NANDA-I: North American Nursing Diagnosis Association Internacional

Then the described and inferred diagnoses were accounted for and organized in descending order (Chart 4), totaling fifty identified diagnoses.

At this time, these diagnoses were also related to the most appropriate NIC Nursing Intervention Classification according to the literature, reaching a total of one hundred and twenty-five possible identified interventions.



**Table 4** - Potential diagnoses identified in descending order and Proposed Interventions according to IAS. Rio de Janeiro, RJ, Brazil, 2019

Potential diagnoses identified according to NANDA-I taxonomy (2018-2020)	Frequency	Nursing interventions according to NIC taxonomy	NIC Code
Chronic pain	7	Pain control	1400
Death related anxiety	4	Assistance in dying	5260
Fatigue	4	Energy Control	180
Ineffective breathing pattern	4	Airway control	3140
		Oxygen therapy	3320
Anxiety	3	Calming Technique	5880
		Anxiety Reduction	5820
Acute confusion	3	Drug Control	2380
		Environmental Control: Security	6486
Chronic confusion	3	Emotional Support	5270
		Family support	7140
Acute pain	3	Pain control	1400
		Self Care Assistance	1800
Impaired Physical Mobility	3	Self-Care Assistance: Transfer	1806
		Environment Control	6480
		Self-Care Assistance: Food	1803
Imbalanced Nutrition: Less Than Body Needs	3	Nutrition Therapy	1120
		Active Listening	4920
Self-care deficit (food, bath, intimate hygiene, dressing)	2	Self Care Assistance	1800
Impaired Swallowing	2	Emotional Support	5270
		Self-Care Assistance: Food	1803
Diarrhea	2	Intestinal Control	430
		Water control	4120
		Hydroelectrolytic Control	2080
		Drug Administration	2300
Sleep Pattern Disorder	2	Drug Administration	2300
		Drug Control	2380
		Environment control: comfort	6482
Impaired skin integrity	2	Positioning	840
		Protection against infection	6550
Impaired social interaction	2	Dementia Control	6460
		Life Skills Improvement	5326
		Support System Improvement	5440
Fear	2	Counseling	5240
		Decision Support	5250
		Emotional Support	5270
		Exam Assistance	7680
Dysfunctional gastrointestinal motility	2	Drug Administration	2300
		Diarrhea Control	460
		Nausea Control	1450
		Drug Control	2380
		Vomiting Control	1570
Nausea	2	Nausea Control	1450
		Vomiting Control	1570
		Drug Administration	2300
Risk of infection	2	Infection Control	6540

Potential diagnoses identified according to NANDA-I taxonomy (2018-2020)	Frequency	Nursing interventions according to NIC taxonomy	NIC Code
Risk of falling	2	Area Restriction	6420
		Promotion of Body Mechanics	140
		Self-Care Assistance: Transfer	1806
Stress overload	2	Anxiety Reduction	5820
		Emotional Support	5270
Spiritual suffering	2	Improved Coping	5230
		Emotional Support	5270
		Pain control	1400
Poor fluid volume	2	Hydroelectrolytic Control	2080
		Vital Signs Monitoring	6680
Low situational self-esteem	1	Decision Support	5250
		Body Image Improvement	5220
		Resilience Promotion	8340
Risk-prone health behavior	1	Teaching: Disease Process	5602
		Counseling	5240
		Caregiver Support	7040
		Health education	5510
		Risk Identification	6610
Impaired comfort	1	Environment Control: Comfort	6482
		Drug Administration	2300
Poor knowledge	1	Health education	5510
Impaired ambulation	1	Environment Control	6480
		Fall Prevention	6490
Ineffective airway clearance	1	Drug Administration: Inhalation	2311
		Airway Aspiration	3160
Willingness to improve family coping	1	Counseling	5240
		Health education	5510
Disposition for improved decision making	1	Counseling	5240
		Health education	5510
Body image disorder	1	Counseling	5240
		Emotional Support	5270
		Active Listening	4902
		Weighing Process Facilitation	5290
		Improved Self-Perception	5390
Impaired urinary elimination	1	Drug Control	2380
		Water control	4120
		Urinary Incontinence Care	610
		Urinary Retention Care	620
Compromised family coping	1	Emotional Support	5270
		Family Process Maintenance	7130
		Support System Improvement	5440
Ineffective Coping	1	Emotional Support	5270
		Support System Improvement	5440
Impaired oral mucous membrane integrity	1	Self Care Assistance	1800
		Maintenance of Oral Health	1710
		Oral Health Promotion	1720

Potential diagnoses identified according to NANDA-I taxonomy (2018-2020)	Frequency	Nursing interventions according to NIC taxonomy	NIC Code
Activity intolerance	1	Self Care Assistance	1800
		Environment Control	6480
		Mood Control	5330
Ineffective health maintenance	1	Health education	5510
		Teaching: Disease Process	5602
		Risk Identification	6610
		Improved Health Understanding	5515
Impaired memory	1	Drug Control	2380
		Environment Control	6480
		Environmental Control: Security	6486
		Cognitive Stimulation	4720
Ineffective Protection	1	Self Care Assistance	1800
		Risk Identification	6610
Impaired Resilience	1	Resilience Promotion	8340
Aspiration Hazard	1	Airway Aspiration	3160
		Positioning	840
		Supervision	6650
Risk of impaired skin integrity	1	Risk Identification	6610
		Infection Protection	6550
		Supervision	6650
Risk of feeling helpless	1	Body Image Improvement	5220
		Presence	5340
		Resilience Promotion	8340
		Strengthening Self-Esteem	5400
Feeling of helplessness	1	Emotional Support	5270
		Setting Mutual Goals	4410
		Strengthening Self-Esteem	5400
Chronic sadness	1	Improved Coping	5230
		Counseling	5240
		Emotional Support	5270
Impaired gas exchange	1	Vital Signs Monitoring	6680
		Supervision	6650
		Ventilatory Assistance	3390
Excessive fluid volume	1	Electrolyte Control	2000
		Water control	4120
		Vital Signs Monitoring	6680

NANDA-I: North American Nursing Diagnosis Association Internacional

NIC: Classification of Nursing Interventions



Only two articles found directly address the NANDA-I taxonomy in Palliative Care, which demonstrates that the number of publications related to the theme is scarce.

Pain, especially chronic pain, is the most commonly found nursing diagnosis in the literature. The most likely reason for this is that pain is considered both a symptom and a nursing diagnosis.

In addition, the history of palliative care is directly linked to pain as a symptom to be controlled, and the fact that pain is considered the 5th vital sign<sup>23</sup> makes this diagnosis a target not only for nursing staff but for the entire multidisciplinary team.

A diagnosis of anxiety and a diagnosis of death-related anxiety are expected in this population since people in palliative care are much closer to the idea of dying than other people.

Most of the identified nursing diagnoses also have some synergism, such as “Ineffective Breathing Pattern” which, if not given appropriate interventions, may evolve to “Fatigue”, “Anxiety”, “Acute Confusion”, “Impaired Verbal Communication” and other previously listed diagnoses.

## CONCLUSION

In the present study fifty nursing diagnoses were identified according to the NANDA-I taxonomy that relate to the concept of palliative care, establishing one hundred and twenty-five possible interventions according to the NIC taxonomy.

The elaboration of this study was only possible through the interpretation of the signs, symptoms and diagnostic indicators described in the articles mapped out. This is because most articles, although addressing signs and symptoms, do not establish a direct correlation with nursing diagnoses of taxonomy, as well as offer suggestions for interventions by nursing, representing, therefore, a limitation of the study since the diagnostic inference largely depends on the reader's perception.

A research gap on the Nursing Process and Nursing Care to Palliative Care patients is clear, meanwhile this group tends to increase in the current and future scenario, demonstrating the need to implement NANDA-I and NIC Taxonomies in nurse's professional practice.

We conclude that it is possible to relate NANDA-I and NIC Taxonomies to the concepts of palliative care and that this work can contribute to the implementation of the Nursing Process to patients in Palliative Care. Therefore we expect that the results of this study collaborate to improve care practice.

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