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Original Article

Diagnostics and results of the terminology subset for the “Impaired Family Process"

Diagnósticos e resultados do subconjunto terminológico para o “Processo Familiar, Prejudicado”

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ABSTRACT

Objective: to validate the content of nursing diagnosis and outcome statements from the terminology subset of the International Classification for Nursing Practice for “Impaired Family Process” based on Family Systems Theory. **Methods:** this is a methodological study with the content validation phase of the Brazilian method for developing a terminology subset. A total of 15 experts analyzed 209 nursing diagnosis/outcome statements, which were distributed into nine attributes of the “Impaired Family Process” concept. The agreement percentage was calculated and statements with a result ≥ 80% were validated. **Results:** a total of 180 statements were validated, of which 122 obtained 100% agreement, 58 between 80% and 93%, while 29 nursing diagnoses and outcomes were not validated. **Conclusion:** the diagnoses and results were validated and it was concluded that they are relevant to provide care for families with dysfunctional processes. In addition, they can be considered a reference in the context of therapeutic reasoning for nurses who will provide care to this population in Primary Healthcare based on the nursing process and Standardized Nursing Terminology. **Contributions to practice:** the product of this study can become an instrument for teaching, practice and research in the field of family nursing.
Descriptors: Standardized Nursing Terminology; Nursing Diagnosis; Validation Study; Family.

RESUMO

Objetivo: validar o conteúdo dos enunciados de diagnósticos e resultados de enfermagem do subconjunto terminológico da Classificação Internacional para a Prática de Enfermagem para o “Processo Familiar, Prejudicado”, baseado na Teoria Sistêmica Familiar. **Métodos**: estudo metodológico, sendo a fase de validação de conteúdo do método brasileiro para desenvolvimento de subconjunto terminológico. Quinze especialistas analisaram 209 enunciados de diagnósticos/resultados de enfermagem, que foram distribuídos em nove atributos do conceito de “Processo Familiar, Prejudicado”. Foi calculado o percentual de concordância e validados os enunciados com resultado ≥ a 80%. **Resultados**: foram validados 180 enunciados, onde 122 obtiveram 100% de concordância, 58 entre 80% e 93%. Não foram validados 29 diagnósticos e resultados de enfermagem. **Conclusão**: os diagnósticos e resultados foram validados e conclui-se que estes mostram-se relevantes para o cuidado às famílias com processos disfuncionais, podendo ser considerados uma referência no contexto do raciocínio terapêutico do enfermeiro que prestará o cuidado à essa população, no contexto da Atenção Primária em Saúde, pautado no processo de enfermagem e na Terminologia Padronizada de Enfermagem. **Contribuições para a prática:** o produto desta pesquisa pode vir a ser um instrumento de ensino, prática e pesquisa no campo da enfermagem da família.
Descritores: Terminologia Padronizada em Enfermagem; Diagnóstico de Enfermagem; Estudo de Validação; Família.

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Introduction

The family is a fundamental pillar in all societies, playing a central role in the development and well-being of its members, and nursing plays an indispensable role in its care through the Nursing Process, especially with the identification of nursing diagnoses and results and the prescription of nursing interventions[1]. This perspective of the nursing process brings forward the necessary relationship between the elements of practice and the assumptions arising from theories[2].

The International Council of Nurses (ICN) created the International Classification for Nursing Practice (ICNP®), constituting a terminology with its own global vocabulary which represents the phenomena of clinical practice. As an information technology, it "facilitates clinical reasoning and standardized documentation of care provided" to the client, whether in electronic medical records or in a manual record system. The data from these documents can be used "in developing health and nursing education policies; in care planning and management and in the analysis of the impact that nursing actions have on people's health conditions and well-being"[3:21].

From this perspective, the ICNP® subsets - groupings of diagnostic statements, results and nursing interventions - are considered care technologies which assist nurses in their clinical reasoning for the nursing process and support planning and standardized documentation of care[4-5].

Considering the importance of the family as a fundamental pillar in society, none of the terminological subsets approved by the ICN concerning family care with "Impaired Family Process" was identified within a systemic view, thus evidencing a gap in care. The family has little visibility as a unit of nursing care, with little (or no) representation of the conceptual models that support disciplinary knowledge[6]. Thus, it is believed that this clientele can benefit from the proposal of a subset based on a systemic theory.

In the context of family care, the Family Systemic Theory stands out to support the statements developed for care for families with Impaired Family Process. The aforementioned theory is based on the balance between the forces of individuation and belonging of the individual[7]. This is capable of favoring identifying the needs of the individual as a member of a family nucleus for planning more assertive care. The context presented justifies the theme and its relevance.

Therefore, this study aimed to validate the content of nursing diagnosis and outcome statements from the terminology subset of the International Classification for Nursing Practice for "Impaired Family Process" based on Family Systems Theory.

Methods

This is a methodological study conducted between February and May 2024. The Brazilian method foresees three prerequisites for developing terminological subsets of ICNP®: "justification of importance, selection of clientele and selection of theoretical model; and four stages: identification of relevant terms, cross-mapping of terms with ICNP®, construction of statements of diagnoses, outcomes and nursing interventions and structuring of the subset"[8:9]. The prerequisites for the excerpt presented in this work are presented in the introduction and the results of the first two stages were considered as an empirical basis, highlighting and discussing the results related to the content validation phase that is included in the construction stage of statements of diagnoses and nursing outcomes.

The empirical basis used for constructing the statements to be validated consisted of a bank of 628 terms from the Focus Axis contained in ICNP®, called the source document. The terms were extracted by the PorOnto[9] computational tool from a corpus of 20 scientific productions, extracted from the Virtual Health Library, in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS); Nursing Database (BDENF); Scientific Electronic Li-

brary Online (SciELO); Spanish Bibliographic Index in Health Sciences (IBECS). It should be noted that the purpose of the term identification stage is not to apply an integrative or systematic literature review, therefore it did not follow a specific method for this. The terms were identified as described in the flowchart in Figure 1.

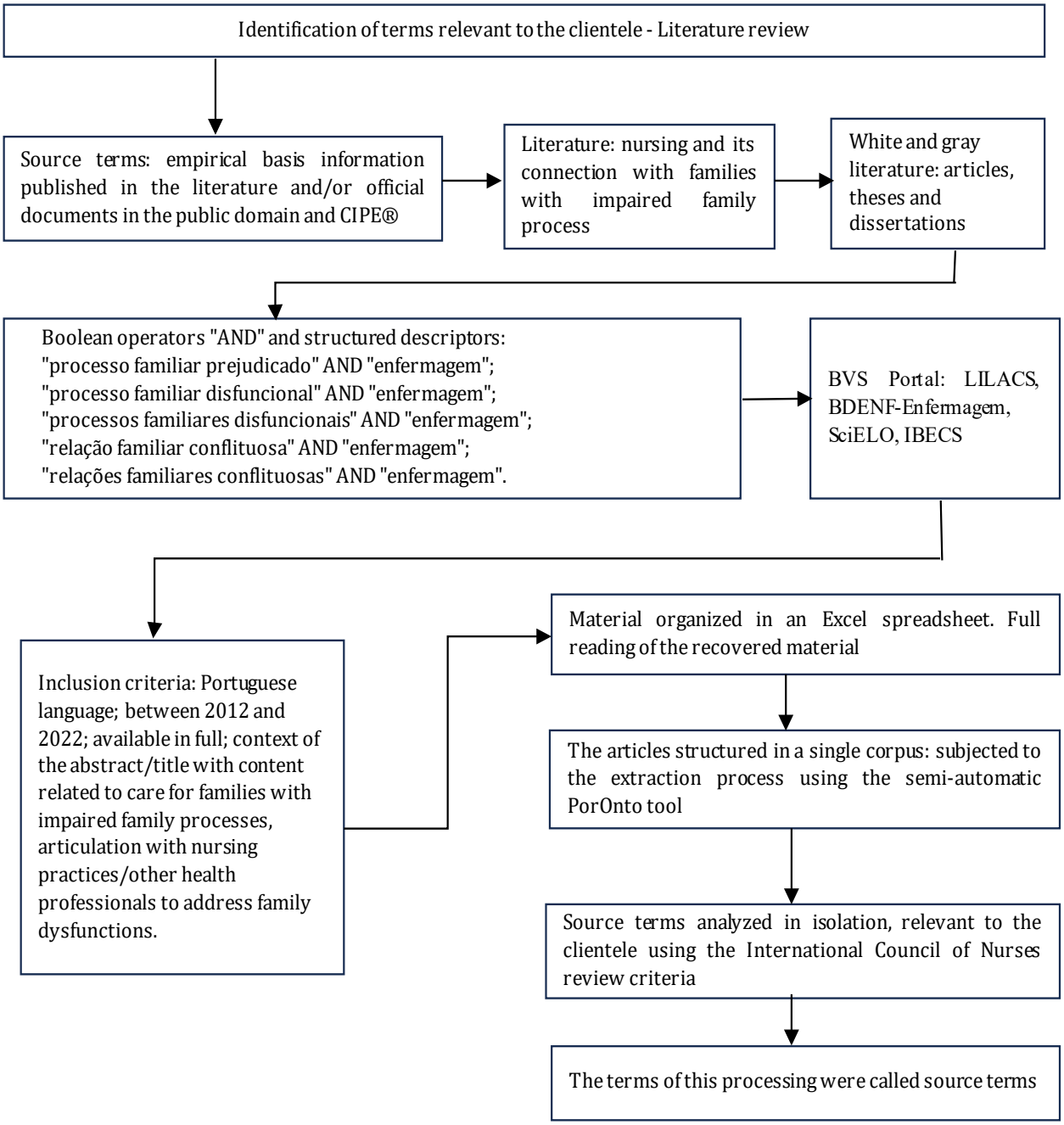

Figure 1 – Flowchart of the theoretical stage of identifying relevant terms for the care of families with impaired family processes. Curitiba, PR, Brazil, 2024

The statements were constructed in accordance with ISO 18104:2014 and with the seven-axis model of ICNP®[10:24]. All nursing diagnoses were mapped automatically using MappICNP and correlated with the classification codes exactly or by the parent concept in the ontological hierarchy in order to enable interoperability with this terminology[11]. The set of statements was parameterized with the Family Systems Theory, contemplating the two vital forces of human system functioning: strength of individuation and strength of belonging[7], and then subdivided into nine groups of attributes of the "Impaired Family Process" concept of ICNP®[10:175], namely: G1 = Family unable to fulfill family functions and tasks; G2 = Change in family roles; G3 = Lack of family goals; G4 = Indifference to changes; G5 = Inability to recognize the need for help; G6 = Inability to deal with tension, stress and crisis; G7 = Neglected home; G8 = Distrust of other people; G9 = Feeling of hopelessness. The set of statements was organized in a Microsoft Excel® spreadsheet.

Next, 98 specialist nurses with knowledge of nursing work with families were invited to validate the nursing diagnoses and results, divided into three categories: a) clinical nurses; b) nursing professors of nursing courses; c) research nurses. Inclusion criteria: for category "a", having more than two years of experience in assisting families in the context of Primary Healthcare; category "b", having more than two years of teaching experience in curricular components of the area of Primary Healthcare; category "c", having publications in the area of family care, family processes, impaired and/or dysfunctional family processes. There were no exclusion criteria due to the selection intentionality.

The experts were searched for and selected through an active, unsystematic and intentional search of public data on nursing assistants, teachers and researchers available on the websites of public and private institutions, personal contacts of the researcher, recommendations from colleagues through the "snowball" technique, on social networks, on the Lattes platform, and on the network of professionals available on the Linkedin platform. They were initially approached through the following means of communication: personal conversation (in person or online) and/or telephone calls and/or text messages via WhatsApp/chat and/or email[8].

An online questionnaire was used for data collection using the Qualtrics XM Certified Solutions™ platform, divided into two parts: a) expert data and their characterization, with 21 closed questions; b) 209 nursing diagnoses and outcomes to be validated through the following question: Judge how significant the proposed nursing diagnoses and outcomes are for the phenomenon in question and fill out a Likert-type scale with a score of one (1) to four (4), where 1 = nursing diagnoses and outcomes not significant for the impaired family process; 2 = nursing diagnoses and outcomes not very significant for the impaired family process, requiring correction/adaptation; 3 = nursing diagnoses and outcomes moderately significant for the impaired family process; and 4 = nursing diagnoses and outcomes very significant for the impaired family process.

Experts could suggest changes to the content of the statements in the open field. The instrument underwent a pilot test in order to establish the time for filling out and understanding the questions. The calculation used to validate nursing diagnoses and outcomes was the content validity index (CVI), which calculated the agreement percentage for each statement of nursing diagnoses and outcomes, obtained by dividing the number of participants who agreed by the total number of participants, multiplied by 100. Statements that obtained a degree of agreement ≥ 80% were considered validated[12]. The results were organized in tables, with simple descriptive statistics. Non-validated statements were discarded. The main study was approved by the Research Ethics Committee of the Pontifical Catholic University of Paraná, opinion no. 5.956.085/2023, Certificate of Presentation of Ethical Appreciation: 64757122.1.0000.0020.

Results

Based on the inclusion criteria, a total of 98 specialists were selected and invited, 15 of whom agreed to participate in the study by answering the questionnaire in a timely manner. The specialists were six (40%) primary healthcare nurses, six (40%) nursing professors in undergraduate nursing courses and three (20%) nursing researchers. The training of these specialists consists of: 46.6% (7) having a specialization/postgraduate degree; 40% (6) having a master's degree; 40% (6) having a doctorate; and 13.3% (2) having a post-doctorate. It should be noted that each specialist in this count may have indicated more than one training course.

In sequence, 180 of the 209 nursing diagnoses and outcomes developed were validated and 29 were discarded. Table 1 presents the nursing diagnoses and outcomes developed and their organization into nine groups of attributes of the “Impaired Family Process” concept with the quantities of those developed, including: those validated with a CVI of 1.00; those with a CVI between 0.99 and 0.80; and those not validated with a CVI ≤ 0.79.

Examples of validated nursing diagnosis and outcome statements with their respective content validity index are presented in Figure 2.

Table 1 – Nursing diagnoses and outcomes organized by attributes of the “Impaired Family Process” concept, distributed by absolute and relative frequency among those developed, validated and non-validated, according to the content validity index. Curitiba, PR, Brazil, 2024

Concept attribute groups	Nursing Diagnoses and Outcomes				
	Developed (f)	Validated f (%)	Validated with CVI* of 1.00 f (%)	CVI of 0.99 to 0.80 f (%)	Not validated with CVI ≤ 0.79 f (%)
G1 - Family unable to fulfill family functions and tasks	41	36 (87.8)	28 (68.2)	8 (19.5)	5 (12.1)
G2 - Change in family roles	9	9 (100.0)	2 (22.2)	7 (77.7)	0 (0)
G3 - Lack of family goals	22	19 (86.3)	11 (50)	8 (36.3)	3 (13.6)
G4 - Indifference to change	23	20 (86.9)	20 (86.9)	0 (0)	3 (13.0)
G5 - Inability to recognize the need for help	23	18 (78.2)	8 (34.7)	10 (43.4)	5 (21.7)
G6 - Inability to deal with tension, stress and crisis	23	22 (95.6)	17 (73.9)	5 (21.7)	1 (4.3)
G7 - Neglected home	23	21 (91.3)	14 (60.8)	7 (30.4)	2 (8.6)
G8 - Distrust of other people	23	18 (78.2)	10 (43.4)	8 (34.7)	5 (21.7)
G9 - Feeling of hopelessness	22	17 (77.2)	12 (54.5)	5 (22.7)	5 (22.7)
Total	209	180 (86.1)	122 (58.3)	58 (27.7)	29 (13.8)

*CVI: Content Validity Index

Group and attribute	Nursing Diagnosis	Nursing Outcome	CVI*
G1 - Family unable to fulfill family functions and tasks	Anxiety	Decreased Anxiety	1.0
G2 - Change in family roles	Family Role Ambivalence	Decreased Family Role Ambivalence	0.8
G3 - Lack of family goals	Impaired Family Coping	Improved Family Coping	1.0
G4 - Indifference to change	Impaired Ability to Manage Stress	Improved Stress Management	1.0
G5 - Inability to recognize the need for help	Impaired Family Communication	Improved Family Communication	1.0
G6 - Inability to deal with tension, stress and crisis	Despair	Decreased Despair	0.8
G7 - Neglected home	Impaired Housekeeping	Improved Housekeeping	0.8
G8 - Distrust of other people	Impaired Belief in Other People	Improved Belief in Other People	1.0
G9 – Attribute: Feeling of hopelessness	Burnout	Decreased Burnout	1.0

*CVI: Content Validity Index

Figure 2 – Examples of validated nursing diagnoses and outcomes classified according to the attributes of the “Impaired Family Process” concept of the International Classification of Nursing Practices with the respective content validity index. Curitiba, PR, Brazil, 2024

Examples of non-validated nursing diagnoses and outcomes belonging to the attributes of the impaired family process concept and their respective content validity indices are shown in Figure 3.

Group and attribute	Nursing Diagnosis	Nursing Outcome	CVI*
G1 - Family unable to fulfill family functions and tasks	Envy	Diminished Envy	0.7
G3 - Lack of family goals	Hopelessness	Improved Hope	0.6
G4 - Indifference to change	Lack of Resilience	Diminished Lack of Resilience	0.6
G5 - Inability to recognize the need for help	Lack of Community Services	Improved Community Service	0.7
G6 - Inability to deal with tension, stress and crisis	Lack of Resilience	Improved Resilience	0.7
G7 - Neglected home	Disrupted Energy Field	Improved Energy Field	0.5
G8 - Distrust of other people	Ambivalence	Coherent Feelings	0.5
G9 - Feeling of hopelessness	Ambivalence	Coherent Feelings	0.7

*CVI: Content Validity Index

Figure 3 – Examples of non-validated Nursing Diagnoses and Outcomes organized by attribute of the ICNP® "Impaired Family Process" concept with the respective content validity index. Curitiba, PR, Brazil, 2024

Discussion

Among the validated statements, the diagnosis "Impaired Family Communication" and its nursing outcome "Improved Family Communication" stand out. This diagnosis is categorized as psychosocial and psychospiritual needs based on the organization of Basic Human Needs[13].

It is essential to develop strategies based on the nursing diagnoses identified in the source document to improve nursing practice and respond appropriately to the needs of families with communication-related problems. Emphasis on the "Impaired Family Communication" concept suggests that this phenomenon is relevant. Upon identifying it, it will be necessary to plan interventions with the potential to improve communication in the family environment, such as encouraging family members to communicate calmly and assertively[14].

The term "Communication" is in the ICNP® 2019/2020 (code 10004705) in the focus axis, with the definition: "Interactive Behavior: giving or exchanging information using verbal and non-verbal behaviors, face to face, or using synchronous or asynchronous means supported by technology"[10:124]. By understanding it as an interactive behavior, the presence of this phenomenon in several of the attributes of the "Impaired Family Process" concept is justified.

Family communication establishes an interaction model between its members[15]. The importance of effective communication as a promoter of healthy and harmonious relationships is highlighted in the dimension of the family as a model of human relations. Open and assertive communication is crucial to promote healthy family bonds, reducing conflicts and increasing family harmony, which is fundamental for the full development of individuals' potential[16-17]. It is the family's responsibility to facilitate effective communication during family interactions, since this promotes cohesion and resilience among members[14]. This communication process mediates relationships and the reproduction of family values and customs[18].

The impaired family process is directly linked to unfavorable emotional communication due to the difficulty in expressing emotions, inaccessible dialogue and lack of assertiveness[14]. One strategy to help improve family communication is the use of the non-violent communication method, which has four components: the importance of observation, feeling, need and request, in order to promote peaceful communication[15]. It is a method which can be applied to all communication levels, in different contexts. By reformulating the way we express ourselves and listen to others, we only focus on the other person's actions

and words, concentrating on their needs, developing a more compassionate and empathetic perspective.

Therefore, priority should be given to improving family communication through actions that promote expressive communication of emotions; family involvement, optimization of their communication, planning family rituals and optimization of the assertiveness pattern[19].

The nursing diagnosis “Anxiety” and its nursing outcome “Decreased Anxiety” also stand out among the validated statements. Continuous or chronic anxiety serves to determine differentiation of the self, which is the capacity for emotional self-regulation of individuals, meaning their capacity to regulate their behavior to achieve goals; to tolerate and control anxiety, stress and fear; and to maintain intimate and sincere contact with important people in their system[7,20].

Differentiation of the self occurs due to an essential principle: the balance between giving and receiving love, attention and approval. When a relationship system maintains an aggressive balance between what is given and received, it remains stable and without symptoms. Anxiety and questions arise in situations that destabilize these relationships. If the imbalance becomes continuous, problems begin to appear, whether physical, emotional or social. It is possible to perceive the basic core of the self of people in critical and destabilizing moments[20]. People with better differentiation of the self are associated with fewer physical, psychological, marital and domestic violence problems[7,20].

When referring to one of the family members, nursing diagnoses related to older adult clients stand out, namely “Risk of Being a Victim of Older Adult Neglect” and “Risk of Being a Victim of Older Adult Abuse”, with both occurring in group G1 and with 100% agreement, suggesting that this family member should be the focus of directed care. Nurses should carefully observe the older adult family member to verify if their needs are being met, and if necessary work together with the multidisciplinary team if situations of neglect and abuse such as violence are identified.

One way to assist nurses in the family assessment is to use screening instruments for violence against older adults, such as the Minimum Data Set – Home Care version 2.0 (MDS-HC), as a routine practice in identifying those at risk to receive support and early interventions. Although the MDS-HC does not assess all types of violence, it supports professionals in identifying signs and symptoms that help them detect possible violence[21-22].

Regarding the validated nursing diagnosis, “substance abuse, alcohol”, it is emphasized that the abusive use of this substance has a negative impact on the families and social life of the alcoholic, where the following can be highlighted: the addict’s lack of attention and aggression towards family members; family members’ concern regarding the alcoholic’s behavior under the influence of alcohol; and family suffering. Marital ties can also be affected, with separation, aggression/fights, stress and anxiety[23]. The family nurse must be alert to signs of alcohol abuse to provide support to both the affected family members and to the addict who needs treatment.

Next, “Impaired Family Member Role Performance” can be mentioned with regard to nursing diagnoses on family roles. A dynamic family assessment model indicates that the performance of family functions and tasks in a collaborative and complementary manner provides sustainability to the family system and enables a permanence of values that fulfill its purposes. Role saturation is an identified phenomenon, especially in the maternal role, and interventions to motivate role redefinition are important[24].

Some nursing diagnoses were validated simultaneously in different groups of concept attributes, for example, “Impaired Family Coping” which occurred in G3, G4, G5, G6, G8 and G9 groups. In turn, some diagnoses were validated in one group and were not validated in others, such as the diagnosis “Hopelessness” and validated in the G1 and G9 groups and not validated in the G3, G4 and G8 groups. These results

are related to the fact that the experts evaluated the diagnoses individually and independently based on the titles attributed to each situation generating family dysfunction; thus, it is argued that a diagnosis may be significant for one of the attributes of the concept and not for another, given the logic of their classification by the relationship between the attribute and the diagnostic concept.

Study limitations

The limitations identified are: low adherence of specialist nurses in the process of validating the statements and the temporal impossibility of operationalizing the study to conduct a second evaluation round of the statements with an agreement percentage close to 80%.

Contributions to practice

Validated nursing diagnoses and outcomes can become a teaching, practice and research tool in the field of family nursing, helping to apply the nursing process supported by a theoretical model and the use of standardized terminology.

As a benefit, the developed subset contributes to providing care to families with dysfunctional processes, providing the nurse with a holistic view of them. The developed subset has new diagnoses, outcomes and interventions, with the potential to be aggregated into classification systems. It is suggested that the subset be applied and evaluated to strengthen family care in the context of Primary Healthcare.

Conclusion

The objective of validating nursing diagnoses and outcomes was achieved. It is concluded that the validated statements for the phenomenon "Impaired Family Process" in light of the Family Systems Theory and the International Classification for Nursing Practice were relevant to the care of families with dysfunctional processes, and can be considered a reference for the therapeutic reasoning of nurses who will provide care to this population in the context of Primary Healthcare, based on the nursing process and Standardized Nursing Terminology.

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Authors' contributions

Conception and design or data analysis and interpretation; drafting of the manuscript or critical review of relevant intellectual content; final approval of the version to be published; responsibility for all aspects of the article in ensuring the accuracy and integrity of any part of the manuscript: Camargo VC, Cubas MR.

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