The International classification for nursing practice: Participation of Brazilian Nurses in the Project of the International Council of Nurses*

Classificação Internacional para a Prática de Enfermagem: inserção brasileira no projeto do Conselho Internacional de Enfermeiras

Clasificación Internacional para la Práctica de Enfermería: inserción brasileña en el proyecto del Consejo Internacional de Enfermeras

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INTRODUCTION

In the daily work environment, Nursing professionals use a special language which includes both the lingo or jargon, and the technical language of the area. Therefore, when words like hematoma, hypovolemic shock, menorrhagia, tissular perfusion, breast engorgement, among many others, it is expected that these terms acquire meaning for those who work in Nursing, because they are part of a specific terminology, which was incorporated during the professional socialization process.

The terms of the special language of nursing is a form of expression of the group and incorporates the concepts, abstract or concrete, used in professional activity, which allow being gathered in structured groups, so that each one is thus defined by the place it occupies respectively in relation to the others, forming networks of interrelated terms, the professional language terms classification systems[1].

In late 80s in the 20th century, Nursing has had a number of professional language terms classification systems, whose development was related to some Nursing Process phase. However, regardless of the advances reached, the need for a globally shared terminology that could express the professional practice elements was evident: what Nursing does (nursing interventions) relative to certain human needs of the individual, family, or collectivity (nursing diagnosis) to produce the expected results (nursing outcomes, sensitive to nursing interventions). The use of this terminology should allow not only describe the professional practice, but also compare it between clinical settings, client populations, geographical areas, or different times[2-4].

The International Council of Nurses (ICN), understanding this need and recognizing how essential is to have norms to represent the professional practice in the healthcare information systems, has been developing the International Classification for Nursing Practice – ICNP®, which is considered a unifying framework of different professional practice element classification systems – nursing diagnosis, interventions, and outcomes

ICNP® EVOLUTION HISTORY

The resolution which called for the development of the International Classification for Nursing Practice – ICNP® was approved by the ICN National Representatives Council, at the Quadrennial Congress held in 1989 in Seoul, Korea. Were initially proposed as objectives for this classification: to provide a tool to describe and document Nursing practices; to use this tool as a clinic decision making basis; and to provide a vocabulary and a classification

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system to the profession, which can be used to include nursing data in computerized information systems.

ICNP® is being developed as a unifying framework of the various classification systems in nursing, allowing the configuration of cross-terms of existing classifications and others that are being developed. One of the main criteria for classification is to be sufficiently large and sensitive to cultural diversity, in order to serve the multiple purposes required by the different countries where it is going to be used[5].

Before the ICNP® development work had started, a literature search and a survey of ICN's member associations were performed in 1991, in order to identify, in a global level, the classification systems used in Nursing. In this process, classifications developed in Australia, Belgium, Denmark, Sweden, and the United States were identified, and, additionally, it was possible to verify that in the several regions and countries in the world, these systems were used to describe the professional practice elements, and the idea of developing a classification system to represent the world Nursing was valued[2-4].

In 1993, the ICN divulged the document *Nursing's Next Advance: An International Classification for Nursing Practice (ICNP) – a Working paper*, with a list of terms, identified in the literature and in the different existing classifications, which were used to describe nursing diagnoses, interventions, and outcomes at the time. In 1996, the ICN published the *International Classification for Nursing Practice – Alpha Version: a unifying milestone*, which contained the Classification of Nursing Phenomena and the Classification of Nursing Intervention, with the objective of stimulating comments, observations, critics, and adjustment recommendations, and therefore, initiate a feedback process for its improvemen[6]. Within this context, ICNP® Beta Version was published in 1999 celebrations for ICN 100th anniversary; ICNP® Beta 2 Version, in 2001; ICNP® Version 1.0, in 2005; and ICNP® Version 1.1, in 2008.

The ICNP® advantages been presented are as follows: it establishes a common language for Nursing practice, improving professional communication; it represents the concepts used in local practices, in all languages and specialty areas; it describes the nursing care provided to people (individuals, families, and communities) in a global level; it allows comparing nursing data across client populations, contexts, geographical areas, and different times; it stimulates research through the connection of data available in Nursing and healthcare information systems; it provides data on the nursing practice, so as to influence Nursing education and healthcare policies; it projects trends on clients' needs, nursing care, resources utilization, and nursing care outcomes[7].

In the year 2000, the ICN established the ICNP® Program, designed to integrate at the global level the infra-structure of information on healthcare policy and practice; and which has as one of its goals to adapt the work to develop ICNP® international norms, complying with the other health area subjects[2-4]. Within this context, ICNP® represents a technological instrument that:

- facilitates nurses' communication about their practice, among one another, with other professionals and/or with health politics formulators;

- facilitates patient care documentation standardization;

- facilitates data exchange about populations, environments where care is provided, different languages and geographic locations;

- allows such data to be used on the nursing care planning and management, in order to forecast funding and analyze the outcomes reached with the nursing action/intervention, among other aspects[8].

ICNP® VERSION 1.0

According to the ICN, ICNP® Beta 2 Version utilization in practice throughout the world, evidenced that this classification structure as a unified nursing language system did not reach its goal, besides not meeting nurses' needs. Based on this finding, ICNP Strategic Counseling Committee has developed a research among world leaders on healthcare vocabulary domain, to ensure that ICNP® Version 1.0 was truly consistent with existing norms and vocabularies. One of the recommendations of the research participants was that the software to be used should avoid redundancy and ambiguity between the classification terms[2-4].
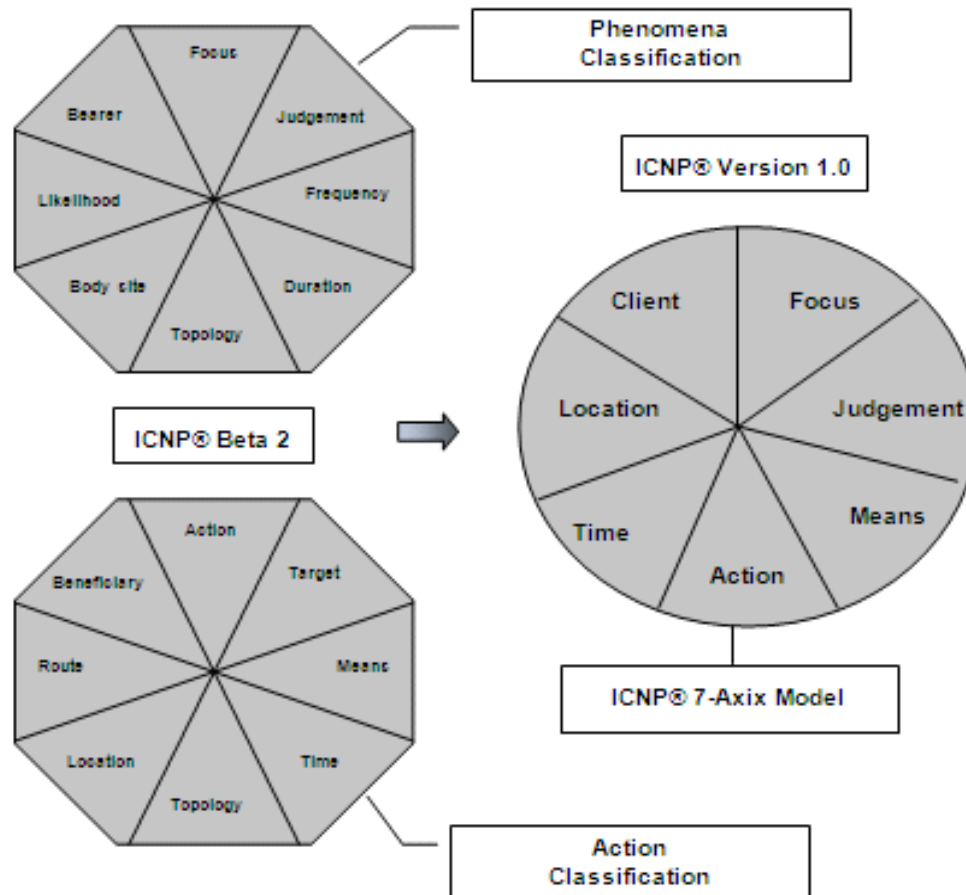
ICNP® Version 1.0 has multiple purposes: identifying similarities and differences among different representations, so as to compare data from different sources; facilitating the local vocabulary development; meeting the practical needs of building patient electronic record systems, with all the benefits brought by being part of a Nursing unified language system[9].

The main innovation was, while Beta 2 Version was structured in two classifications (Nursing Phenomena and Actions), with a total of 16 axes, ICNP® Version 1.0 has a unique classification structure, the Seven Axes Model[2-4].

The seven axes are defined as[2-4]:

1) **focus** – the area of attention that is relevant to Nursing

2) **judgment** – clinical opinion or determination related to the focus of Nursing practice;
3) **means** – manner or method through which an intervention is executed;
4) **action** – intentional process applied to, or performed by a client;
5) **time** – the instant, period, moment, interval or duration of an occurrence;
6) **location** – anatomical or spatial orientation of a diagnosis or intervention; and
7) **client** – subject to whom the diagnosis concerns and is the beneficiary of nursing intervention.

Figure 1 – ICNP® Version 1.0 Seven Axes Model.

The advantages of this new structure is that it simplifies the representation and solves redundancy and ambiguity problems related to terms that were inherent to ICNP® Beta 2 Version[2-4]. The Seven Axes Model is designed to facilitate the composition of statements, organized in large groups, so that they have quick access to sets of pre-established nursing diagnosis, intervention and outcome groups easier – ICNP® Catalogues. The elaboration main purposes' of such Catalogues is to build practice element record systems using ICNP®, with all the benefits of being part of a unified language system; and make ICNP® a technology tool that can be integrated to the Nursing practice at the location care[8-11].

ICNP® Catalogues may be directed both to specific clients (individuals, families, and community), and health specific priorities, regarding to health conditions, environment, care specialties, and nursing phenomena. They may originate data groups to be used to support and improve the clinical practice, the decision making process, the research and professional graduation. Moreover, this will contribute to the expansion of the use of ICNP® worldwide, once it allows focus on the cultural and linguistic variations. However, these Catalogues do not replace the nurse's clinical judgment, who will always be essential to deliver individualized care to patients and their families[12].

BRAZILIAN NURSING INSERTION IN ICN'S PROJECT

The participation of the Brazilian Nursing in the process in place since 1994, started when a study on primary healthcare and community services began to be discussed, and it would integrate ICN's project of ICNP® construction. Such role was assumed by the Brazilian Nursing Association (Associação Brasileira de Enfermagem – ABEn) with the International Classification of Nursing Practices in Collective Health – CIPESC® CIE-ABEn project implementation. The project was concluded in December 1999, with two ways of analyzing the outcomes: the production of a nursing vocabulary inventory in collective health, from identification of phenomena and nursing actions; and the characterization of the nursing work process in collective health in Brazil[1, 13-14].

Besides the CIPESC® CIE-ABEn project, other initiatives have been developed in Brazil using ICNP®, among which can be highlighted: the implementation of the vocabulary inventory resulted from the CIPESC® CIE-ABEn project in the City Health Department of Curitiba – PR (Secretaria Municipal de Saúde de Curitiba-PR) electronic records; the ICU Nursing Care Systematization project, which is being developed in Florianópolis-SC; and the development, in João Pessoa – PB, of a technology tool, based on professional language terms related to nursing team staff components at a school hospital, related to nursing phenomena/diagnosis/problems and actions/interventions/and prescriptions, in a way that all ata can be part of an information system.

Finally, it is important to highlight that, as a result of the involvement with the use and development of ICNP®, since CIPESC® CIE-ABEn project implementation in Brazil, it was submitted a proposal to establish a Centre for ICNP® Research and Development to be accredited by ICN. In July 2007, the ICN approved the *Centre for ICNP® Research and Development of the Federal University of Paraiba, Post-Graduate Program in Nursing – Brazil – An ICN Accredited Centre*. This Centre has the mission to support continuous development of ICNP®; to promote its use in clinical practice, nursing learning and research; and to collaborate with the ICN and other similar Centers to transform the ICNP® into a reference terminology to be used worldwide as a technology tool that strengthens and broadens profession purposes in care, education, or research[15].

FINAL CONSIDERATIONS

Undoubtedly, the effort dedicated to the elaboration of the professional language terms classification systems has contributed to promote nurses' autonomy to judge a client human needs, so as to facilitate specific knowledge usage and the elaboration of studies on quality nursing care.

ICNP® is considered an information technology tool. And information technology tools, understood as non-human resources (*software* or *hardware*), dedicated to information storage, processing and communication[16], may help Nursing professional practice to become visible in health local, national or international data groups, so as to impact the creation of policies , such as the ones related to health and education. Information technology tools are also essential to help on effective decision making processes and a practice of quality, so that the professional knowledge acquired will allow to better knowing and understanding the related healthcare subjects[17].

Since its launching, several ICNP® implementation researches and experiences have been developed in the professional practice around the world. ICNP® is a dynamic technology tool, and being so, it is benefited by continuous participation, that is, national or international. The nursing care documentation utilizing ICNP® is believed to provide systematic and recoverable data on healthcare, enabling a broadened social visibility and knowledge of the profession[9].

In the end of 2008, ICNP® was included in the International Classifications Family of the World Health Organization (ICF-WHO). ICNP® is a standardized terminology that represents the practice domain and unifies Nursing worldwide. Its inclusion amplifies the ICF-WHO and brings to such classification family an essential and complementary part of health professional services – the Nursing domain.

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