Original Article

Content analysis of nursing diagnoses about child development

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ABSTRACT

Having nursing diagnoses which answer to the complexity of child development (CD) is fundamental for nurses to ground the formulation of comprehensive care to children. The objective of the present study was to present a content analysis of three new diagnoses about CD for the NANDA-I. It consisted of a methodological, mixed-method study. The quantitative phase was carried out with judges and a structured questionnaire, with simple concordance analysis, and the qualitative phase of the analysis of discrepancies was performed in a focus group, with experts, to obtain a consensus. Eighteen judges answered the questionnaire, and analysis of the results showed an agreement higher than 80% for the "Delayed Child Development" and "Risk for Delayed Child Development" diagnoses; the "Readiness for Enhanced Child Development" diagnosis achieved 61% of agreement regarding the statement and more than 80% of concordance in most defining characteristics. Eight experts analyzed disparities until consensuses were reached. The high agreement among judges and consensus among experts validated the content of the suggested diagnoses.

Descriptors: Child Development; Nursing Diagnosis; Validation Studies; Nursing Process.

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INTRODUCTION

The objective of the present study was to carry out a content analysis of new nursing diagnoses related to child development (CD), formulated for application in NANDA-International (NANDA-I), as described in detail elsewhere[1].

Promotion of comprehensive child development (CD) is recognized as a central element of nursing care in early childhood[2]. As a consequence, the existence of validated nursing diagnoses that address this phenomenon taking into account its complexity is essential to guide the formulation of a high-quality nursing care plan which meets CD promotion, one of the pillars of the Brazilian Child Health Policy[3].

However, an analytical study revealed that nursing diagnoses about CD available in the NANDA-I taxonomy[4] did not encompass the CD phenomenon in its specificity and complexity, in addition to presenting several discrepancies in their application[5]. Subsequently, one of these diagnoses, "Delayed Growth and Development", was excluded from the taxonomy[6], with a recommendation for new studies oriented to approach the two concepts separately, as it had been suggested in the mentioned study[5].

In an attempt to fill this gap, new nursing diagnoses regarding CD have been proposed[1]. The proposition followed the steps recommended for NANDA-I nursing diagnoses development processes[6-7], and used secondary analysis of a CD concept study[8]. This concept analysis had the Hybrid Model[9] as a methodological framework and the Bioecological Model of Human Development as a theoretical framework[10]. The Hybrid Model of content analysis proposes the development of the elements of the concept in three phases: theoretical, field, and analytical[9]. The use of this model has allowed the identification of CD elements, that is, their antecedents, consequents, attributes and definitions[8].

The Bioecological Theory explains development as a phenomenon of continuity and changes in the biopsychological characteristics of people over time, as a result of the interaction of four elements: process, person, context and time (PPCT)[10]. Process refers to the interaction of a person with other people; person includes the psychobiological characteristics which influence development; context is made up of all the environmental factors that impact development; and time considers the human life cycle and the influence of the historical moment on development. Thus, the PPCT model highlights the effects of the interactions children experience and the environment in which they are inserted, in addition to biological and genetic aspects[10].

The synergy between these frameworks ensured the design of a consistent and extended concept, which obtained validation by a group of experts.

Subsequently, the titles, definitions, defining characteristics, risk factors and related factors of the diagnoses were formulated from the systematized data from the CD concept analysis[8]. Therefore, the new diagnoses encompassed aspects pertaining to processes, person/child, and contexts which impact CD according to the PPCT model of the Bioecological Theory[10]. These diagnoses were entitled "Delayed Child Development", "Risk for Delayed Child Development" and "Readiness for Enhanced Child Development" [1].

The objective of the present investigation was to validate the content of these three new nursing diagnoses about CD suggested for the NANDA-I taxonomy, for later clinical validation.

METHODS

This methodological study was approved by a research ethics committee (CAAE: 0114.0.196.000-11) and its development met the recommendations of Resolution 466/2012[11]. The content analysis of the three new reviewed diagnoses used a mixed method, with sequential exploratory design[12], between October 2013 and February 2014. The first step consisted of a quantitative agreement study, with judges, and the second phase was a qualitative consensus study, with experts.

The agreement study relied on a questionnaire for analysis of title, definition, defining characteristics, related factors and risk factors of the reviewed nursing diagnoses. Related factors and risk factors were grouped according to the dimensions presented in the Bioecological Model of Human Development[10] to facilitate extraction and analysis of data related to child development assessment.

There were three answer options for each item: I agree, I partially agree, and I disagree, in addition to a blank space for comments. The questionnaire was appreciated and refined in research group meetings. The minimum acceptable agreement index was set at 80%, a simple way to calculate agreement among judges[13]. The answer computed in the concordance group was "I agree" only.

The inclusion criterion for judges was to have a proficiency profile[14]: nurses with a degree of specialist, at minimum, and at least one year of experience in the child health field.

Data collection was carried out in a Brazilian event of the Brazilian Society of Pediatric Nurses, because it favored access to nurses from several regions of Brazil who worked in the child health field and met the inclusion criterion. One hundred questionnaires were distributed, together with an invitation letter, a summary of the proposal and the free and informed consent form. Additionally, the invitation to participate in the study was sent electronically to approximately 40 nurses enrolled in a database from a research group entitled Health Care and Children Development Promotion (http://dgp.cnpq.br/dgp/espelhogrupo/6090275483093701).

The results of the questionnaires were organized in tables of simple frequency and percentage, and comments were grouped according to content similarity.

To analyze discrepancies and suggestions offered by judges, a second data collection step was performed, in a focus group with experts. For this phase, experts were defined as nurses with a minimum requirement of a master's degree, having publications about the subject, and experience in child health[14]. The group was led by a coordinator, one of the authors of the study, and discussions were recorded to be transcribed. Data analyzed in the first step were presented to the focus group by one of the researchers. All the questions and suggestions from judges were discussed by the experts until a consensus. A consensus was reached when most people in the group agreed on the synthesis of the discussion about each question or suggestion.

RESULTS

Characterization of participants

Eighteen nurses participated in the agreement study, which represented a response of 13% of the professionals invited to participate. These nurses originated/were from five Brazilian states, had an average age of 36 years and had graduated between one and 30 years before the study. Only one participant was male.

Fourteen participants had specialization courses in different areas, 12 had a master's degree, four had a Ph.D. degree and two were pediatric nursing residents. Fourteen nurses had publications in the pediatrics field, 17 reported to perform CD assessments in their professional practice, and 16 used nursing diagnoses in their work. Fifteen participants declared to use the NANDA-I diagnoses in their practice.

In the focus group of the consensus study, there were eight nurses, one of them male, with an average age of 37 years. Time since graduation ranged from five to 20 years, and the group included five masters and three PhD. All of them worked in the child health area, ran CD assessments, employed nursing diagnoses in their practice and had publications about the topic. Six participants worked in teaching institutions.

Nursing diagnosis: "Delayed child development"

Table 1 shows the results of the content analysis of the "Delayed child development" diagnosis by judges and reveals a significant agreement with the new proposed title, definition, and almost all the defining characteristics and related factors.

Table 1: Agreement on the components of the **Delayed child development** diagnosis. São Paulo, SP, Brazil, 2014.

Components	Agree		Partially agree		Disagree	
	N	%	N	%	N	%
Title: Delayed child development	17	94.4	01	5.6	-	-
Definition: Child classified as having delayed development according to development assessment scale adopted as reference	16	89.9	02	11.1	-	-
Defining characteristics:						
Difficulty or inability in performing skills typical of the age group	13	72.2	04	22.2	01	5.6
Difficulty or inability in performing language skills typical of age group	17	94.4	01	5.6	-	-
Difficulty or inability in performing motor skills typical of age group	17	94.4	01	5.6	-	-
Difficulty or inability in performing cognitive skills typical of age group	17	94.4	01	5.6	-	-
Difficulty or inability in performing psychosocial skills typical of age group	16	88.9	02	11	-	-
Related factors						
Child-factors						
Diseases	17	94.4	01	5.6	-	-
Genetic disorders	18	100	-	-	-	-
Congenital disorders	18	100	-	-	-	-
Sensory disturbances	17	94.4	-	-	01	5.6
Inadequate growth (head circumference, weight and height curves much lower than expected for the age)*	12	70.6	04	23.5	01	5.9
Prematurity and/or low weight *	14	82.3	02	11.8	01	5.9
Aspects related to pregnancy						
Use of medication during pregnancy	16	88.9	02	11.1	-	-
Use of tobacco during pregnancy	17	94.4	01	5.6	-	-
Use of alcohol during pregnancy	16	88.9	02	11.1	-	-
Use of drugs during pregnancy	16	88.9	02	11.1	-	-
Exposure to environmental pollutants (e.g, nitrogen dioxide, benzene, lead, manganese, pesticides, heavy metals)	17	94.4	01	5.6	-	-
Altered maternal mental health (anxiety, depression, and stress)	16	88.9	02	11.1	-	-
Maternal disease	15	83.3	03	16.7	-	-
Inadequate or absent prenatal care	17	94.4	01	5.6	-	-

[continue.]

Table 1: Agreement on the components of the **Delayed child development** diagnosis. São Paulo, SP, Brazil, 2014. [continue.]

Components	Agree		Partially agree		Disagree	
	N	%	N	%	N	%
Aspects related to daily care						
Lack of bond whit the caregiver*	15	88.2	02	11.8	-	-
Altered maternal mental health (anxiety, depression and stress)*	17	100	-	-	-	-
Exposure to domestic violence (neglect, abuse, parental violence)*	17	100	-	-	-	-
Impaired cognitive development of parents*	14	82.3	03	17.7	-	-
Lack of health professional support*	15	88.2	02	11.8	-	-
Institutionalization*	15	88.2	02	11.8	-	-
Experiencing stressful situations without enough support from a caregiver (adoption, entry into day-care, hospitalization, family changes)*	16	94.1	01	5.9	-	-
Lack of stimulation (inadequate physical environment, lack of opportunities to play, inconsistent interaction of the caregiver with the child)*	16	94.1	01	5.9	-	-
Socioeconomic conditions						
Economically disadvantaged (insufficient family income, unemployment)*	15	88.2	02	11.8	-	-
Unfavorable social conditions (violence, lack of access to support networks)*	17	100	-	-	-	-

* N had a lower value because one participant did not answer the item.

In the second step of data collection, the focus group discussed the elements that did not obtain a minimum agreement of 80%.

The judges who did not show full agreement with the defining characteristic “Difficulty/inability to perform activities typical of the age group”, mentioned that it would be unnecessary, once its content was included in the characteristics which address each development area individually. However, during the group discussion, the experts opted to keep it, given that data which lead to the diagnosis may vary according to the content of the development assessment instrument used. The instrument may not specify the area in which the delay occurs, or may be organized on different development dimensions, such as functional development or activities of daily living, which would match this more general defining characteristic for the nursing diagnosis.

The judges did not justify their answers that pointed to a partial agreement with the “Inadequate growth” related factor. During the focus group, a consensus was reached to keep it because of their theoretical basis[15-16].

Suggestions of changes in related factors given by the judges were discussed and accepted by the experts. They were: adding the word “caretaker” to the “Lack of bond” related factor, and joining “Use of alcohol during pregnancy” and “Use of drugs during pregnancy” related factors.

Nursing diagnosis: *“Risk for delayed child development”*

Table 2 presents the results of the content analysis of the “Risk for delayed child development” nursing diagnosis by the judges. It reveals that there was an agreement higher than 80% in all the proposed elements.

It is important to clarify that this study was carried out before the publication of the 2015-2017 edition of NANDA-I[17], which advocates the use of the expression “vulnerability to” to define a risk diagnosis. The present

paper exhibits the definition evaluated in the study, but it will be reviewed before being submitted to the next NANDA-I edition.

In this diagnosis, the focus group examined only the changes suggested for related factors, which were the same as those for the previous diagnosis, and accepted them equally.

Table 2: Agreement on the elements of the **Risk for delayed child development** diagnosis. São Paulo, SP, Brazil, 2014.

Elements	Agree		Partially agree		Disagree	
	N	%	N	%	N	%
Title: Risk for delayed child development	17	94.4	-	-	01	5.6
Definition: Risk for delayed child development due to exposure to situations that negatively interfere in development*	15	88.2	02	11.8	-	-
Risk factors						
Child-factors						
Diseases	18	100	-	-	-	-
Genetic disorders	17	94.4	01	5.6	-	-
Congenital disorders	18	100	-	-	-	-
Sensory disturbances	18	100	-	-	-	-
Inadequate growth (head circumference, weight and height curves much lower than expected for their age)	18	100	-	-	-	-
Prematurity and/or low weight	18	100	-	-	-	-
To be classified as risky for development according to a standardized rating scale	18	100	-	-	-	-
Pregnancy-related factors						
Use of medications during pregnancy	17	94.4	01	5.6	-	-
Use of tobacco during pregnancy	17	94.4	01	5.6	-	-
Use of alcohol during pregnancy	18	100	-	-	-	-
Use of drugs during pregnancy	16	88.9	02	11.1	-	-
Exposure to environmental pollutants (for instance: nitrogen dioxide, benzene, lead, manganese, pesticides, heavy metals)	16	88.9	02	11.1	-	-
Altered maternal mental health (anxiety, depression, and stress)	17	94.4	01	5.6	-	-
Maternal disease	16	88.9	02	11.1	-	-
Inadequate or absent prenatal care	18	100	-	-	-	-
Care-related factors						
Lack of bond	16	88.9	02	11.1	-	-
Altered maternal mental health (anxiety, depression and stress)	18	100	-	-	-	-
Exposure to domestic violence (neglect, abuse, parental violence)	18	100	-	-	-	-
Impaired cognitive development of the parents	17	94.4	01	5.6	-	-
Lack of support from healthcare professionals	16	88.9	02	11.1	-	-
Institutionalization	16	88.9	02	11.1	-	-
Experiencing stressful situations without enough support from a caregiver (adoption, entry into a day-care center, hospitalization, family changes)*	17	100	-	-	-	-
Lack of stimulation (inadequate physical environment, lack of opportunities to play, inconsistent interaction between child and caregiver, among others)	16	88.9	02	11.1	-	-
Socioeconomic conditions						
Economically disadvantaged (insufficient family income, unemployment)	17	94.4	01	5.6	-	-
Unfavorable social conditions (violence, lack of access to support networks, among others)	18	100	-	-	-	-

* N had a lower value because one participant did not answer the item.

Nursing diagnosis: "Readiness for enhanced child development"

Table 3 shows the results of the analysis of the nursing diagnosis "Readiness for enhanced child development" by the judges.

Table 3: Agreement on the elements of the **Readiness for enhanced child development** diagnosis. São Paulo, SP, Brazil, 2014.

Elements	Agree		Partially agree		Disagree	
	N	%	N	%	N	%
Title: "Readiness for enhanced child development"	11	61.1	06	33.3	01	5.6
Definition: A standard of care that is sufficient to support the child's development and can be strengthened	11	61.1	06	33.3	01	5.6
Defining characteristics						
Evidence the bond of the children whit the caregiver	18	100	-	-	-	-
Child's needs satisfied	17	94.4	01	5.6	-	-
Family environment favorable to development	17	94.4	01	5.6	-	-
Favorable economic conditions	15	83.3	02	11.1	01	5.6
Proper social context	16	88.9	02	11.1	-	-
Health professional support	17	94.4	01	5.6	-	-
Interaction with parents	14	77.8	04	22.2	-	-
Adequate growth	17	94.4	01	5.6	-	-
Breastfed child	14	77.8	04	22.2	-	-
Support from caregivers to experience stressful situations (entry into day-care , hospitalization, family changes, among others)	14	77.8	04	22.2	-	-

The proposal of a new diagnosis oriented to promoting CD had an agreement lower than 80% for title and definition, but the comments of the participants showed they considered the diagnosis relevant. Disparities were justified with questions regarding the specific terms of taxonomy – "readiness" in the title and "a care standard" in the definition. In the focus group, the reached consensus was to keep the suggested title and definitions, given that the terms under discussion are compatible with the orientation of the taxonomy.

Three defining characteristics of this diagnosis had an agreement inferior to 80%, but close to this value: "Interaction with parents", "Breastfed child" and "Support from caretakers to experience stressful situations (start at the day-care center, hospitalization, family changes, among others)". Because scientific evidence shows that these characteristics promote CD[18-20], the discussion of the focus group culminated in a consensus to keep these items. Three participants suggested to include the word "favorable" in the "Interaction with parents" characteristic, a contribution that was considered pertinent.

DISCUSSION

The objective of the study was met, with a high rate of agreement for the proposed diagnoses. This result reveals the adequacy of the formulated diagnosis, grounded on a consistent study of concept analysis[8], which allowed to identify the main components related to CD, given that no component submitted to evaluation was refuted and there was no suggestion to include other ones. In the cases in which the established agreement rate was not reached, there were few disagreements and a high frequency of partial agreement, which resulted in

specific amendments. All the recommendations and comments presented by the judges and experts referred to writing and taxonomy-related aspects of NANDA-I[17].

Although the low number of judges in the present investigation may be considered a limitation, the group of participants was highly qualified and met inclusion criteria, demonstrating familiarity with the taxonomy and clinical experience of the phenomenon. It is noteworthy that, at the time the study was in progress, literature did not advocate that clinical experience should be a criterion for judge selection, but the authors opted to include this standard for considering it relevant. A recent study reported a criticism to criteria commonly applied to recruit judges in scientific studies and proposed considering clinical experience as an important aspect[21].

Content analysis showed that inadequate growth did not reach the intended agreement rate as a related factor in the Delayed Child Development diagnosis, despite having hit a 100% concordance as a risk factor. This result was unexpected, and it cannot be explained with data from this study, given that the judges who partially agreed on this factor did not provide reasons for their decision. This result raises the possibility that the participants of this phase of the study did not have a deep understanding of taxonomy components, although they have declared to use them in their practice, given that a risk factor present in a situation of delayed child development diagnosis would have to be categorized as a related factor for this diagnosis.

The inconsistency observed in these results regarding the “inadequate growth” related factor and the strangeness associated with the composition of the promotion diagnosis is one of the challenges of research on diagnoses. Selecting experts and reaching the number recommended in the literature to validate diagnoses is proven to be one of the difficulties in this type of study[14].

In the present investigation, it was also difficult getting answers from the study subjects, during the judges validation step, as revealed by the number of answers. The low percentage of answers may have been caused by the study topic, that is, nursing diagnoses. Professionals who are invited may have decided not to participate for not considering themselves able to deliberate over the specific aspects of the taxonomy.

Alternatively, the discussion in the focus group allowed a more detailed analysis of the results obtained with the judges, which brought out important contributions to the final review proposal for the diagnoses under study. It was confirmed that the interactive and problematizing nature of the focus group as a data collection and analysis technique inserts participants in the context of discussions, contributing to rethinking conceptions and practices[22] and reaching sound results.

Discrepancies regarding the health promotion diagnosis, justified with questions concerning specific taxonomy expressions, may have originated in the process of proposition and improvement of NANDA-I terms, which are still being formulated. Additionally, it is possible to consider that promotion diagnoses are less frequent; in the beginning the NANDA-I diagnoses were mostly problem-focused. Therefore, strangeness to these terms does not invalidate the participants’ statement to be familiar with NANDA-I taxonomy, but can stress a use more centered at hospitalization situations and problem-focused diagnoses.

Nursing diagnoses must be clear and concise to convey findings and conclusions of nursing professionals about a certain response that patients are experiencing. Nursing diagnoses are the reference to guide nursing interventions and assess the results of nurses’ actions[23]. The evaluation of judges and experts about CD diagnoses allowed their refinement, making them ready to be applied in clinical tests.

CONCLUSION

The results of this content validation study showed that the new nursing diagnoses had contents pertinent to the CD phenomenon and were structured in accordance with the NANDA-I taxonomy. Therefore, they are suitable to be submitted to clinical validation for a potential incorporation to the taxonomy, which will imply better resources for nurses to work on comprehensive child health care.

The combination of qualitative and quantitative research strategies allowed to access a broader group of participants, and permitted discussion about questionable issues, leading to consistent results. Studies on nursing diagnoses are recent and the use of different research strategies offers alternatives to explore and consolidate this research field.

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