

Introduction

In 2018, the Japanese Society of Nursing Diagnosis began creating the Japanese Nursing Diagnosis as part of their Future Vision Project. This project aimed to identify frequently used nursing diagnoses in Japan.

We believe that a nursing diagnosis unique to Japan is needed, rather than using the NANDA-I nursing diagnosis unaltered, and rather use it in light of the culture and laws of the country, as recommended by the same NANDA-I.

According to Japanese law (Article 5 of the Public Health Nurses, Midwives, and Nurses Act), "A nurse is a person who is licensed by the Ministry of Health, Labor, and Welfare to provide medical care or assistance for injured or sick persons or puerperal women." Medical care refers to the duties of nurses, such as observation of patient symptoms, creating healthy environments, feeding the patient, wiping patients, toileting, and daily living guidance, all of which are performed by nurses who manage nursing care based in their judgement. Assistance in medical treatment means to assist in minor medical procedures, which includes a wide range such as injections, blood sampling, intravenous infusions, and operation of medical equipment. However, the Article 37 of the Public Health Nurses, Midwives, and Nurses Act state that nurses "may not use medical equipment, give a person medicine or instructions about medicine, or take any other action that carries the risk of harming a person's health if it is not done by a physician or dental practitioner, except when instructed by either of them (exceptions are allowed for temporary emergency care)." The provision stipulates that "no action shall be taken that may cause sanitary harm unless it is performed by a physician or dentist," meaning that assisting in a medical treatment without a physician's instruction is prohibited.

Therefore, even if a diagnosis is made for a physical symptom as defined in the NANDA-I nursing diagnosis, the diagnosis is limited to observation, and direct intervention based on the nurse's judgment is not possible. Therefore, we report the efforts of the Terminology Review Committee of the Japanese Society of Nursing Diagnosis to develop a nursing diagnosis that can be used in Japan, that considers its culture, laws, and medical system, to determine if nurses can intervene based on their nursing diagnosis.

Purpose

To explain the efforts made by the Terminology Review Committee of the Japanese Society of Nursing Diagnosis towards the development of a Japanese-style nursing diagnosis.

Methods

We describe the activities performed by the Terminology Review Committee of the Japanese Society of Nursing Diagnosis, in the "Project for the Future of the Japanese Society of Nursing Diagnosis".

Approaches to the Development of a Japanese Version of Nursing Diagnosis

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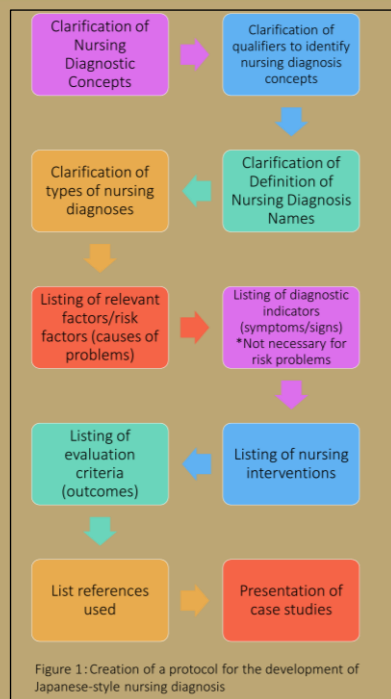


Figure 1: Creation of a protocol for the development of Japanese-style nursing diagnosis

Nursing Diagnosis Label (Actual Type)	Nursing Diagnosis Label (Risk Type)
<ul style="list-style-type: none"> Definition Diagnostic Requirements Related Requirements Outcomes/Objectives Care/Intervention References 	<ul style="list-style-type: none"> Definition Risk requirements (patient-side requirements, environmental requirements, health care provider requirements) Outcomes/Objectives Care/Intervention References

Figure 2: Draft Basic Structure

Table 1. 36 drafts of Japanese-style nursing diagnosis levels

Gordon's functional health patterns	Japanese-style nursing diagnosis levels (Draft)
Health perception and health management	Difficulties in maintaining health management: Diet Difficulties in maintaining health management: Fluids Difficulties in establishing home care High-risk state of physical injury: falls Alterations in skin mucosa: oral mucosa Alteration of skin mucosa: High-risk state of oral mucosa alteration Alterations in skin mucosa: Alterations in oral mucosa: Tongue coating Alterations of the cutaneous mucosa: bedsores Alterations of the cutaneous mucosa: Foot High-risk conditions for alterations of the cutaneous mucosa: foot Difficulty in satisfying nutritional intake: dysphagia Impaired fluid volume regulation: lymphedema High-risk condition for infection
Elimination:	Impaired elimination: constipation Impaired elimination: High-risk condition for constipation Impaired elimination: diarrhea Impaired elimination: abdominal pressure urinary incontinence
Activity and exercise:	Decreased respiratory function: high-risk state for impaired airway clearance Decreased respiratory function: impaired gas exchange Decreased physical activity: activity intolerance Reduced physical activity: high-risk state for activity intolerance Impaired physical mobility: hip joint Impaired physical mobility: shoulder joint Difficulties in self-care satisfaction: feeding, dressing, grooming, bathing, and cleanliness
Sleep and rest	Difficulty in getting enough sleep
Cognition and Perception	Alterations in comfort: pain Alteration of comfort: acute pain Alterations in comfort: chronic pain Alteration of comfort: itching Acute confusion: delirium Decision-making conflict
Self-perception and self-concept	Anxiety Anxiety: death anxiety Anxiety: preoperative anxiety Decreased self-esteem Disturbed Body image

Results

The Future Vision Project of the Japanese Society of Nursing Diagnosis
(Reference: 2020 p.11-26)

Method 1: The nursing diagnoses that are frequently used in Japan were clarified. Method 2: A conceptual analysis was conducted on frequently used nursing diagnoses and nursing concepts that are not included in NANDA-I, but may need to be developed in Japan.

The "Terminology Review Committee" of the Japanese Society of Nursing Diagnosis

Method 1: Creation of a protocol for the development of Japanese-style nursing diagnoses (Figure 1)

Method 2: Development of a simulated Japanese-type nursing diagnosis

We asked the directors and council members of the Japanese Society of Nursing Diagnosis to create examples based on the basic structure of the protocol's proposal, based on the concepts and nursing diagnoses discussed in the project.

Draft Basic Structure (Figure 2): As of October 2022, 36 drafts of Japanese-style nursing diagnoses have been created. (Table 1) .

Examples include death anxiety, itching, invalid treatment plan management, fall risk status, and oral mucosa modulation.

Considerations

Although this report was prepared for 36 nursing diagnoses, further development for generalization is needed, as the level of abstraction varies on the different diagnoses, and the targeted diseases are limited to a few diagnoses. In addition, because the concepts are rooted in the Japanese culture, there is need for assistance from linguists to determine if the terms identified really indicate the phenomena trying to be explained, and their accuracy within the Japanese language. It is also necessary to incorporate and verify the opinion of legal experts to consider the law and the medical system as well.

In the future, we would like to develop a Japanese-style nursing diagnosis by conferring with nurses, Japanese language and legal experts, psychologists, sociologists, and others.

References

Kuroe, Yuriko, Egawa, Takako et al. (2020): Report on the Future Vision Project II of the Japanese Society of Nursing Diagnosis, *Nursing Diagnosis*, p11-26.

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