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The editors of this edition would like to dedicate this book to the memory of our founder,

Dr. Marjory Gordon
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Preface

In the early 1970s, nurses and educators in the United States uncovered the fact that nurses independently diagnosed and treated “something” related to patients and their families, which was different from medical diagnoses. Their great insight opened the new door to the taxonomy of nursing diagnoses, and the establishment of the professional organization that is now known as NANDA International (NANDA-I). As is usual with medical diagnoses for physicians, nurses should have “something” to document a holistic scope of practice to help students acquire our unique body of knowledge, and to enable nurses to collect and analyze data to advance the discipline of nursing. More than 40 years have passed, and the idea of “nursing diagnosis” has inspired and encouraged nurses around the world who seek independent practice based upon professional knowledge.

Initially, nurses living outside North America may have been simply the end users of the NANDA-I taxonomy. Today, development and refinement of the taxonomy is heavily based on a global effort. In fact, we received more submissions of new diagnoses and proposals for revisions from countries outside North America than within it during this publication cycle. Moreover, the organization has become truly international; members from the Americas, Europe, and Asia are actively participating on committees, leading committees as chairs, and managing the organization as directors of the Board. Who could have imagined that a non-native English speaker from a small Asian country would become the president of NANDA-I in 2016?

In this 2018–2020 version, the Eleventh Edition, the taxonomy provides 244 diagnoses, with the addition of 17 new diagnoses. Each nursing diagnosis has been the product of one or more of our many NANDA-I volunteers, and most have a defined evidence base. Each new diagnosis has been debated and refined by our Diagnosis Development Committee (DDC) members, before finally being submitted to NANDA-I members for a vote of approval. Membership approval does not mean the diagnosis is “completed” or “ready to be used” across all countries or practice areas. We all know that practice and regulation of nursing varies from country to country. It is our hope that publication of these new diagnoses will facilitate further validation studies in different parts of the world, to achieve a higher level of evidence.

We always welcome submissions for new nursing diagnoses. At the same time, we have a serious need for revision of existing diagnoses to reflect the most recent evidence. While preparing for this edition, we took a bold step
highlighting the underlying problems with many of the current diagnoses. Please note that more than 70 diagnoses have no level of evidence (LOE); that means there has been no major update on these diagnoses since at least 2002, when the LOE criteria were introduced. In addition, to treat the problems described in each nursing diagnosis effectively, related or risk factors are required. However, after sorting some of these factors into “At-Risk Populations” and “Associated Conditions” (things that are not independently treatable by nurses), there are several diagnoses that now have no related or risk factors.

NANDA-I is translated into nearly 20 distinct languages. Translating abstract English terms into other languages can often be frustrating. When I faced difficulties translating from English to Japanese, I remembered the story from the eighteenth-century about scholars who translated a Dutch anatomy textbook into Japanese without any dictionary. They say the scholars sometimes spent one month to translate just one page! Today, we have dictionaries and even automatic translation systems, but translation of diagnostic labels, definitions, and diagnostic indicators is still not an easy task. Conceptual translation, rather than word-for-word translation, requires that the translators clearly understand the intent of the concept. When the terms in English are abstract or very loosely defined, this increases the difficulty in assuring a correct translation of the concepts. Over the years, I have learned that sometimes a very minor modification of the original English term can alleviate a burden on translators. Your comments and feedback will help make our terminology, not only more translatable, but it will also increase the clarity of English expressions.

Beginning with this edition, we have three primary publishing partners. We have directly partnered with GrupoA for our Portuguese translation, and Igaku-Shoin for much of our Asian market. The remainder of the world, including the original English version, will be spearheaded by a team from Thieme Medical Publishers, Inc. We are very excited about these partnerships and the possibilities that these fine organizations bring to our association and the availability of our terminology around the globe.

I want to commend the work of all NANDA-I volunteers, committee members, chairpersons, and members of the Board of Directors for their time, commitment, devotion, and ongoing support. I want to thank our staff, led by our Chief Executive, Dr. T. Heather Herdman, for its efforts and support.

My special thanks to the members of the DDC for their outstanding and timely efforts to review and edit the terminology represented within this book, and especially for the leadership of the DDC Chair, Professor Dickon Weir-
Hughes, since 2014. This remarkable committee, with representation from North and South America and Europe, is the true “powerhouse” of the NANDA-I knowledge content. I am deeply impressed and pleased by the astonishing, comprehensive work of these volunteers over the years.

Shigemi Kamitsuru, PhD, RN, FNI
President, NANDA International, Inc.
It goes without saying that the dedication of several individuals to the work of NANDA International, Inc. (NANDA-I) is evident in their donation of time and work to the improvement of the NANDA-I terminology and taxonomy. Without question, this terminology reflects the dedication of individuals who research and develop or refine diagnoses, and the volunteers that make up the Diagnosis Development Committee, as well as its Chair, Prof. Dickon Weir-Hughes. This text represents the culmination of tireless volunteer work by a very dedicated, extremely talented group of individuals who have developed, revised, and studied nursing diagnoses for more than 40 years.

We would like to offer a particularly significant note of appreciation to Dr. Camila Takao Lopes of the College of Nursing of the Universidade Federal de São Paulo in Brazil, who worked to organize, update, and maintain the NANDA-I terminology database, and supported the work on standardization of the terminology.

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Please contact us at execdir@nanda.org if you have questions on any of the content, or if you find errors, so that these may be corrected for future publication and translation.

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