

NANDA Taxonomy II

A Comprehensive Tool for Nursing



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Introduction

Nursing, as a scientific discipline, has evolved considerably in recent decades. One of its most significant advances has been the standardization of nursing diagnoses through tools such as Taxonomy II, developed by the North American Nursing Diagnosis Association (NANDA).

This system has standardized the language used in healthcare and improved the quality and effectiveness of patient care.

Taxonomy II provides an essential framework for organizing and classifying nursing diagnoses logically and systematically. This article explores its history, structure, multi-axial features, and impact on modern nursing practice in depth.

History of Taxonomy II

The First Steps Toward Standardization

The idea of standardizing nursing diagnoses is not new. Since NANDA was established in 1973, one of its main aims has been to develop a shared language that allows nursing professionals to describe the health problems they identify in patients accurately and consistently.

This initiative sought to address challenges such as ambiguous terminology and inconsistent diagnostic documentation.

As the scope of nursing expanded, however, it became clear that the original classification structure could not accommodate the complexity of emerging diagnoses. This created a need for a more inclusive and adaptable system.

The 1994 Conference: A Turning Point

The creation of a new taxonomy was first proposed at NANDA's biennial conference in 1994. The taxonomy committee found that the existing structure did not adequately reflect the realities of modern clinical practice or allow new diagnoses to be incorporated easily.

The problems identified included:

- Difficulty classifying diagnoses that spanned multiple dimensions of care.
- A rigid structure that limited the inclusion of new terms.
- The lack of a system connecting diagnoses, expected outcomes, and interventions.

The 1998 Proposal: A Work in Progress

After four years of work, the committee presented five classification proposals to NANDA's board of directors in 1998. These proposals explored different ways of structuring diagnoses, but none fully met expectations. This experience highlighted the need for a more inclusive, collaborative approach.

The committee eventually chose a structure based on Gordon's Functional Health Patterns, a model widely used in patient assessment. This approach organized diagnoses into domains and classes, providing a logical basis for incorporating new terms.

Completion of the Process in 2002

The work culminated at the joint NANDA, NOC, and NIC conference in 2002. At this event, approved diagnoses were formally integrated into Taxonomy II, marking the beginning of a new era in the classification of nursing diagnoses.

Structure of Taxonomy II

Taxonomy II uses a hierarchical organization that makes diagnoses easier to identify, classify, and document. Its structure has three main levels:

1. Domains

Domains represent broad areas of care covering fundamental aspects of health and well-being. Each domain contains a group of related classes that reflect specific aspects of that area.

There are currently 13 domains:

1. Health Promotion
2. Nutrition
3. Elimination and Exchange
4. Activity and Rest
5. Perception and Cognition
6. Self-Perception
7. Role Relationship
8. Sexuality
9. Coping and Stress Tolerance
10. Life Principles
11. Safety and Protection
12. Comfort
13. Growth and Development

2. Classes

Within each domain, classes group diagnoses with similar characteristics. This level provides a more specific organization and makes common patterns easier to identify. The following list shows the classes grouped by domain:

1. Health Promotion

- Class 1: Health Awareness
- Class 2: Health Management

2. Nutrition

- Class 1: Ingestion
- Class 2: Digestion
- Class 3: Absorption
- Class 4: Metabolism
- Class 5: Hydration

3. Elimination and Exchange

- Class 1: Urinary Function
- Class 2: Gastrointestinal Function
- Class 3: Integumentary Function
- Class 4: Respiratory Function

4. Activity and Rest

- Class 1: Sleep and Rest
- Class 2: Activity and Exercise
- Class 3: Energy Balance
- Class 4: Cardiovascular and Pulmonary Responses
- Class 5: Self-Care

5. Perception and Cognition

- Class 1: Attention
- Class 2: Orientation
- Class 3: Sensation and Perception
- Class 4: Cognition
- Class 5: Communication

6. Self-Perception

- Class 1: Self-Concept
- Class 2: Self-Esteem
- Class 3: Body Image

7. Role Relationship

- Class 1: Caregiving Roles
- Class 2: Family Relationships
- Class 3: Role Performance

8. Sexuality

- Class 1: Sexual Identity
- Class 2: Sexual Function
- Class 3: Reproduction

9. Coping and Stress Tolerance

- Class 1: Post-Trauma Responses
- Class 2: Coping Responses
- Class 3: Neurobehavioral Stress

10. Life Principles

- Class 1: Values
- Class 2: Beliefs
- Class 3: Value, Belief, and Action Congruence

11. Safety and Protection

- Class 1: Infection
- Class 2: Physical Injury
- Class 3: Violence
- Class 4: Environmental Hazards
- Class 5: Defensive Processes
- Class 6: Thermoregulation

12. Comfort

- Class 1: Physical Comfort
- Class 2: Environmental Comfort
- Class 3: Social Comfort
- Class 4: Psychological Comfort

13. Growth and Development

- Class 1: Growth
- Class 2: Development

3. Diagnoses

The most specific level of the taxonomy consists of individual diagnoses. Each diagnosis includes a label, a definition, related factors, and defining characteristics.

Types of NANDA Diagnoses

NANDA diagnoses are classified into five main types, each focusing on a different aspect of human responses to health problems. Each is described below with practical examples.

Actual Nursing Diagnosis

Describes a patient's actual health problems, always supported by observable signs and symptoms. This type of diagnosis helps identify problems that require immediate intervention.

Risk Nursing Diagnosis

Refers to situations in which risk factors are present and intervention is needed before an actual problem develops.

Health Promotion Diagnosis

Focuses on improving the overall well-being of a patient or community by encouraging healthy habits and conditions.

Wellness Diagnosis

Describes situations in which a patient wants to improve a controlled problem or resolve a specific situation.

Syndrome Diagnosis

Describes specific, complex situations that always involve several interrelated diagnoses requiring a coordinated approach to care.

Example of a Diagnosis

- Label: Deficient fluid volume.
- Definition: Decreased intravascular or interstitial fluid volume.
- Related factors: Active fluid loss, inadequate intake.
- Defining characteristics: Dry mucous membranes, decreased blood pressure.

The Multiaxial System

One of the most important innovations of Taxonomy II is its multiaxial format, which allows detailed, individualized diagnoses to be constructed. This system uses seven axes to describe different aspects of a diagnosis.

The 7 Axes of the Multiaxial System

1. Axis 1: Diagnostic Concept

This axis describes the central problem or phenomenon identified in the patient.

2. Axis 2: Subject of the Diagnosis

Identifies the subject of the diagnosis, which may be an individual, family, group, or community.

3. Axis 3: Judgment

Provides a qualifier for the diagnosis, such as deficient, imbalanced, or perceived.

4. Axis 4: Location

Specifies the anatomical or functional location of the problem, such as tissue, renal, or cardiovascular.

5. Axis 5: Age

Relates the diagnosis to the subject's stage of life, such as childhood, adulthood, or older age.

6. Axis 6: Time

Describes the duration or phase of the problem: acute, chronic, or intermittent.

7. Axis 7: Type of Diagnosis

Classifies the diagnosis as actual, risk, or health promotion.

Impact on Clinical Practice

Facilitating Interdisciplinary Communication

Taxonomy II has improved communication among nursing professionals and other members of the healthcare team by providing a standardized language that reduces misunderstandings and errors.

Improving Care Planning

By offering a structured framework, the taxonomy allows more specific, evidence-based interventions to be planned, improving patient outcomes.

Supporting High-Quality Documentation

Clear diagnostic descriptions support better documentation, making it easier to maintain continuity of care and evaluate its effectiveness.

Challenges and Future Directions

Adapting to Cultural and Regional Contexts

Although Taxonomy II is an international standard, applying it can be challenging in settings with limited resources or where diagnoses do not fully fit local circumstances.

Incorporating New Technologies

The development of digital tools based on Taxonomy II, such as clinical management software, offers an opportunity to improve its use and applicability further.

Continuing Education

Nursing professionals need ongoing training in the use of the taxonomy to ensure that it is applied correctly in clinical practice.

Conclusion

NANDA Taxonomy II has transformed nursing practice by providing a standardized, flexible tool that addresses the complexity of clinical diagnoses. Its history reflects a collective effort to improve the quality of care, while its structure and multiaxial system demonstrate its versatility and ability to adapt to the discipline's changing needs.

As nursing continues to evolve, Taxonomy II will remain a cornerstone of excellence in patient care and interdisciplinary collaboration.

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