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ICNP®: a standardized terminology to describe professional nursing practice

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As a resultant of the activity of attributing meaning to the *world of nursing*, we have, throughout our history, not only elaborated, but also systematically communicated a specific body of knowledge, applicable to any of the fields of professional practice – teaching, healthcare provision, research and management/administration of nursing care.

For this specific body of knowledge to take shape, the concepts that represent the phenomena of nursing's field of interest are in a continuous process of identification and definition. Based on these concepts, standardized language systems, i.e., structures that organize the terms or expressions accepted by nurses to describe assessments, interventions and outcomes pertinent to nursing care, are in development[1].

The International Classification for Nursing Practice (ICNP®) is one such standardized language systems. Its construction, an ongoing process, can be considered recent. When considered as of 1989, year in which the International Council of Nurses (ICN) approved the resolution that determined its elaboration, the classification has existed for 27 years. However, it can be considered even more recent (20 years) if we recall that its first version, the Alpha version, was launched in 1996.

The ICN refers to the ICNP® as a standardized terminology that names, classifies and links phenomena that describe the very elements of professional practice: what nursing does (nursing interventions), relative to the assessment of certain human and social needs (nursing diagnoses), to produce nursing-sensitive patient outcomes (nursing outcomes)[2].

Thus, many efforts are being spend to develop a classification system that allows for the description and comparison of nursing data on a local, regional, national and international scale. The greater goal is to facilitate the representation of the domain of nursing professional practice at a global scale and at all levels of information support, based on data to be used in nursing care provision, management/administration, education and research.

A notable fact in the evolution of ICNP® was the approval, in December 2008, of its inclusion in the World Health Organization (WHO) Family of International Classifications as a Related Classification. This fact marked the insertion of an essential and complementary part of professional health services in the WHO Family of International Classifications: the **domain of nursing**[3].

Since the Alpha version, and considering the Beta and Beta 2 versions as one, given that the second was much more an editorial review of the first than an actual new version of the terminology, there have been eight versions of the ICNP® published up to date. In this evolutionary, ongoing process, since 2009, a new version of the ICNP® has been launched every two years.

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In 2015, the most recent version of the terminology was published and, at the same time with its progressive global dissemination, the book **International Classification for Nursing Practice - ICNP® Version 2015** is now being launched in Brazil, by Artmed publishing house. Like the one that preceded it, entitled **International Classification for Nursing Practice – ICNP®: application to Brazilian reality**, we dedicate this new book to the professionals who are committed to systematizing and, principally, recording information inherent to the care process, necessary aspects that ensure the continuity and quality of nursing care. Furthermore, the book is dedicated to professionals who focus on the study and application of the ICNP®, a technological instrument that, during the execution of the nursing process, aids in clinical reasoning and in decision-making; promotes communication between nurses and other professionals; and favors the documentation of professional practice. These are the necessary conditions for both assessing and lending visibility to the contribution of nursing to the health of people, families and human collectivities.

The book has two parts. The first one contains two chapters. Chapter 1, *The use of specialty languages in professional practice*, was written by Maria Cristiane Barbosa Galvão, professor at the Ribeirão Preto School of Medicine, University of São Paulo. Chapter 2, *ICNP® - a standardized language for professional practice,* was written by myself, with the participation of Claudia C. Bartz, coordinator of the ICN eHealth program; and Amy Coenen, Director of the ICNP® program within the scope of the eHealth program. The second part of the book contains the full text of the newest version of the terminology, translated into Brazilian Portuguese – the **ICNP® Version 2015**. It includes 4,212 terms, among which 10 organizing concepts, 1,824 pre-coordinated concepts (relative to diagnoses/nursing outcomes and interventions) and 2,378 primitive concepts, distributed over the 7-axis model. Among the main new features of the ICNP® Version 2015 it can be enumerated: the inactivation of 157 terms present in previous editions; the inclusion of 430 new terms; editorial changes in 214 terms, whether in spelling or to correct conceptual imprecisions; and the reallocation of 105 terms, which received new codes.

By facilitating the representation of the domain of nursing practice all over the world and at all levels of information support, the ICNP® has taken on an essential role in the area of *professional practice*, one of the pillars of the ICN's work. Therefore, we must be aware of its evolution, studying and applying its concepts in our daily practice.

We emphasize that ICNP® is an information technology that enables nursing data collection, storage and analysis, making nursing practice more effective and, above all, visible within the health data set. As with any other information technology, the potential and quality of a terminology is evaluated based on the familiarity professionals demonstrate with its application in the healthcare system[4], i.e., through its use in professional practice, whether through records on electronic patient charts or manual information systems.

Thus, the challenge lies in studying and, above all, applying the ICNP®, generating evidence about its efficiency and effectiveness during the execution of the nursing process, in order to favor its use at all levels of health care provided to people, families and human collectivities.

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