









## SPECIALIZED NURSING LANGUAGE TERMS IN CARING FOR PEOPLE WITH CHRONIC PAIN

### TERMOS DA LINGUAGEM ESPECIALIZADA DE ENFERMAGEM NO CUIDADO À PESSOA COM DOR CRÔNICA

### TÉRMINOS DE LENGUAJE ESPECIALIZADO EN ENFERMERÍA PARA EL CUIDADO DE PERSONAS CON DOLOR CRÓNICO

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## ABSTRACT

**Objective:** to identify specialized nursing language terms for caring for people with chronic pain and to map the identified terms with the International Classification for Nursing Practice (ICNP®). **Methods:** a descriptive, quantitative study that covered the first two stages of the Brazilian method for developing terminological subsets: identification of relevant terms in the literature and cross-mapping of identified terms with ICNP®. **Results:** 1,120 terms were identified in the literature corpus in Portuguese and English languages. The terms pain, patient, chronic pain, health, and care stand out in number of repetitions. The mapping using the MappICNP computational tool expanded the identified terms and generated 3,484 terms eligible for equivalence. Among them, 3,225 terms are included in ICNP®, with 434 having direct mapping, 78 with lexical or root equivalence, 2,447 broader terms, and 266 more restricted terms. A total of 259 terms have no equivalence with ICNP® terms. **Conclusion:** the terms identified in the literature and mapped with ICNP® have the potential to represent nursing care for people with chronic pain, as they describe attributes related to the phenomenon. Standardization of nursing language in this care context can support the recording of nursing process elements in patient records, contributing to the evaluation of care quality and the visibility of the profession.

**Keywords:** Chronic Pain; Nursing Care; Standardized Nursing Terminology; Terminology; Nursing Process.

## RESUMO

**Objetivo:** identificar termos da linguagem especializada de enfermagem para o cuidado à pessoa com dor crônica; e mapear os termos identificados com a Classificação Internacional para a Prática de Enfermagem (CIPE®). **Métodos:** estudo descritivo, quantitativo, que contemplou as duas primeiras etapas do método brasileiro para desenvolvimento de subconjunto terminológico: identificação de termos relevantes, na literatura; e mapeamento cruzado dos termos identificados com a CIPE®. **Resultados:** foram identificados 1.120 termos no corpus da literatura, nos idiomas português e inglês. Em número de repetições destacam-se os termos dor, paciente, dor crônica, saúde e cuidado. O mapeamento pela ferramenta computacional MappICNP desdobrou os termos identificados e gerou 3.484 termos passíveis à equivalência. Dentre eles, 3.225 termos constantes na CIPE®, sendo 434 com mapeamento direto, 78 com equivalência léxica ou pelo radical, 2.447 termos mais abrangentes e 266 mais restritos. Um total de 259 termos não possuem equivalência com os termos da CIPE®. **Conclusão:** os termos identificados na literatura e mapeados com a CIPE® tem potencial para representar o cuidado de enfermagem à pessoa com dor crônica, pois descrevem atributos relacionados ao fenômeno. A padronização da linguagem de enfermagem neste contexto de cuidado poderá sustentar o registro dos elementos do processo de enfermagem em prontuários de paciente, colaborando para avaliação da qualidade da assistência e para visibilidade da profissão.

**Palavras-chave:** Dor Crônica; Cuidados de Enfermagem; Terminologia Padronizada em Enfermagem; Terminologia; Processo de Enfermagem

## RESUMEN

**Objetivo:** identificar términos del lenguaje especializado de enfermería para el cuidado de personas con dolor crónico; y mapear los términos identificados con la Clasificación Internacional para la Práctica de Enfermería (CIPE®). **Métodos:** estudio descriptivo, cuantitativo, que abarcó las dos primeras etapas del método brasileño para el desarrollo de subconjuntos terminológicos: identificación de términos relevantes en la literatura; y mapeo cruzado de los términos identificados con la CIPE®. **Resultados:** se identificaron 1.120 términos en el corpus de la literatura, en los idiomas portugués e inglés. En número de repeticiones destacan los términos dolor, paciente, dolor crónico, salud y cuidado. El mapeo mediante la herramienta computacional MappICNP desglosó los términos identificados y generó 3.484 términos susceptibles de equivalencia. De ellos, 3.225 términos están presentes en la CIPE®, siendo 434 con mapeo directo, 78 con equivalencia léxica o por raíz, 2.447 términos más abarcadores y 266 más restrictivos. Un total de 259 términos no tienen equivalencia con los términos de la CIPE®. **Conclusión:** los términos identificados en la literatura y mapeados con la CIPE® tienen el potencial para representar el cuidado de enfermería a personas con dolor crónico, ya que describen atributos relacionados con el fenómeno. La estandarización del lenguaje de enfermería en este contexto de cuidado puede sostener el registro de los elementos del proceso de enfermería en los expedientes de los pacientes, colaborando para la evaluación de la calidad de la asistencia y para la visibilidad de la profesión.

**Palabras clave:** Dolor Crónico; Atención de Enfermería; Terminología Normalizada de Enfermería; Terminología; Proceso de Enfermería.

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## INTRODUCTION

The development of a standardized language to name nursing phenomena is the subject of research worldwide. However, challenges related to nursing records exist; they often present low quality, especially regarding the use of standardized terminologies<sup>(1)</sup>.

Chronic pain is a phenomenon sensitive to nursing interventions and has its concept structured in various terminologies, such as the International Classification for Nursing Practice (ICNP®), NANDA International (NANDA-I), and the International Classification of Diseases (ICD-11).

Chronic pain involves complex human responses, encompassing physical, emotional, social, and spiritual dimensions. Furthermore, it results in social isolation, changes in self-image and self-esteem, affecting not only the physiological aspects of the person with pain but also their relationship with others and the environment in which they live<sup>(2)</sup>.

When assessing and caring for people with chronic pain, nurses should identify human needs comprehensively and implement evidence-based interventions to achieve positive outcomes<sup>(3)</sup>. A nursing process with standardized terminology can help identify care patterns, contribute to language standardization, and facilitate the evaluation of care quality<sup>(4)</sup>.

Among the terminologies, ICNP® allows the collection, description, and documentation of nursing practice elements through its structure<sup>(5)</sup>. The International Council of Nurses (ICN) proposed the creation of ICNP® subsets containing nursing diagnosis (ND), nursing outcomes (NO), and nursing interventions (NI) statements, aimed at specific populations, health conditions, specialties, care contexts, or nursing phenomena<sup>(6)</sup>. To support the development of new subsets, the ICN developed a guideline. Due to the lack of detailed steps in this guideline and the increase in research for constructing subsets in Brazil, Brazilian researchers proposed a method consisting of four stages<sup>(7)</sup>: identification of relevant terms for the clientele and/or health priority; cross-mapping of the identified terms with ICNP® terms; construction of ND, NO, and NI statements; and structuring of the terminological subset.

It is recommended to use a theoretical framework from the initial stages of subset development. In this research, the selected terms address aspects of the Transitions Theory, such as managing the vulnerabilities and singularities of the individual in physiological, social, emotional, and community spheres. The use of this theory aims to help individuals achieve satisfactory indicators

that promote better or adequate management of chronic pain and achieve a healthy transition process<sup>(8)</sup>.

The term identification stage aims to broadly and accurately identify terms that represent a care context. Cross-mapping analyzes the equivalence between identified terms and standardized terminology, as well as the existence of new terms<sup>(7)</sup>. Considering that chronic pain has multidimensional aspects, there is a knowledge gap due to the lack of a term bank that represents its complexity.

The creation of a termbase related to the chronic pain phenomenon and the mapping of these terms with ICNP® enable the analysis of equivalent terms and suggest the inclusion of new relevant terms for the care of people with chronic pain. The results of these stages will support the construction of the ICNP® terminological subset for the care of people with chronic pain, based on the Transitions Theory. The final product is expected to contribute to terminology development, favoring teaching, research, care, and care management, as well as allowing the measurement of outcomes sensitive to nursing care.

## OBJECTIVE

To identify specialized nursing language terms for caring for people with chronic pain and to map the identified terms with the ICNP®.

## METHOD

The main research is a methodological study that follows the Brazilian method for developing the ICNP® terminological subset<sup>(7)</sup>. The first two stages are characterized as descriptive with a quantitative approach: a) identification of relevant terms for the clientele and/or health priority through the literature; b) cross-mapping of identified terms with ICNP® terms. The period of data collection, organization, and analysis occurred from December 2021 to November 2022.

### Study protocol

In the first stage - term identification - searches for scientific articles were conducted in the Biblioteca Virtual em Saúde [Virtual Health Library] (BVS), Excerpta Medica Database (Embase), and Web of Science, using the following search strategy: "Nursing" and "Chronic Pain". Articles in full text in Portuguese and English languages, published between 2017 and 2021, addressing nursing care for people with chronic pain were included. Articles without full-text access and those specific to care for people with oncological pain were excluded. The exclusion of

articles related to oncological pain is justified by the risk of bias in identifying specific attributes of chronic pain and because it is a distinct nursing diagnosis from chronic pain in ICNP®. It is important to note that this stage does not constitute a systematic literature review and therefore does not follow the classic method for article identification. The search aimed to gather a set of publications on the topic and identify terms used to address the phenomenon.

The selected publications underwent a process of eliminating sections with low potential for containing relevant terms, such as names and information about authors and references. This stage was performed manually by the researchers. Subsequently, the articles were grouped into a single Word® file and converted to portable document format (PDF).

Term extraction was performed using the Poronto<sup>(9)</sup> software, which processed the PDF file, resulting in a list of terms organized by order of occurrence and arranged in an Excel® spreadsheet.

The terms extracted from articles in Portuguese were organized into the following categories: directly included; included with need for unification; included with need for grammatical, spelling, or typing correction; and excluded. The terms extracted from articles in English were organized into: included with need for translation; included with need for unification and subsequent translation; and excluded. Exclusion in both languages followed the criterion of being terms that do not represent the nursing domain. The translation was conducted by two researchers, with discrepancies resolved through consensus and supported by an English dictionary and the official ICNP® 2019/2020 translation.

Duplicates among the included terms in Portuguese and English were unified, and subsequently, the terms underwent a normalization process to standardize gender, number, and degree inflections, as well as verbal conjugations. For example: the terms 'patients', 'pacient', and 'paciente' - the first term was translated and normalized to the singular; the second was translated and unified, maintaining the term 'paciente' in all its written forms.

The categorization and normalization were performed manually by two researchers independently, with disagreements resolved by a third researcher. Final decisions were made by consensus within the group of authors.

The resulting terms gave rise to the 'Termbase of Specialized Nursing Language for the Care of Individuals with Chronic Pain', accompanied by the number of repetitions. In the second stage, the Termbase underwent cross-mapping with the terms from the ICNP® 2019-2020, which contains 4,475 terms distributed across ten organizing

concepts, 2,035 pre-coordinated concepts, and 2,430 primitive concepts<sup>(5)</sup>. The Termbase was designated as the source document, and ICNP® 2019-2020 as the target document, following the nomenclature proposed by ISO/TR 12.300:2016<sup>(10)</sup>.

For mapping, the MappICNP tool was used, which applies natural language processing rules based on the equivalence described in ISO/TR 12.300:2016<sup>(11)</sup>. The rules mapped the terms into five categories: a) direct mapping: when the source document term and the target document term are exact matches; b) Stemming: when the term is mapped by reducing it to its root; c) Lemmatization: when mapping is done by the word's lexical unit; d) Broader term: when the source term is broader than the target term; e) Narrower term: when the source term is more specific than the target term. When performing the mapping using Stemming, Lemmatization, broader, and narrower categories, the tool listed possible equivalent terms to those in the ICNP®, called 'candidate terms', increasing the number of terms identified in the first stage.

The Brazilian method includes expert validation in the early stages to minimize bias in identifying inappropriate terms and limitations related to human mapping. This study did not include validation, understanding that the mapping performed by MappICNP allows for term extension through 'candidate terms', in accordance with a study that compared human and automated mapping<sup>(12)</sup>.

## Analysis of the results

The analysis to identify the equivalence of the source document term with the target document candidates was performed manually by the researchers. When equivalence was confirmed, the term was designated as a term present in ICNP®. If mapping was not possible in any category, or when researchers did not confirm equivalence, the term was designated as not present in the ICNP®.

All terms mapped by the MappICNP tool<sup>(11)</sup> were automatically distributed among the axes and pre-coordinated concepts of ICNP®, with their respective initial appearance version.

## Ethical aspects

This study is configured as a subset of a matrix research project entitled "Chronic pain: best practices for nursing care through an ICNP® terminology subset based on the Transitions Theory". As this research did not directly or indirectly involve human subjects, there was no need for submission to the Research Ethics Committee.

## RESULTS

The initial search in the databases resulted in 3,362 articles, with the sample comprising 330 articles. From the Portuguese article corpus, 5,785 terms were extracted, with 20,218 repetitions; and from the English article

corpus, 20,853 terms were extracted, with 239,976 repetitions. As an example of the terms selected for inclusion, 13 terms in Portuguese had more than 100 repetitions, and eight terms in English had more than 1,000 repetitions (Table 1). Figure 1 presents the results of the

Table 1 – Distribution of extracted terms from the Portuguese and English article corpus, with the highest number of repetitions, according to absolute and relative frequency. Curitiba, 2023.

Full-term	Number of repetitions AF (%)	Full-term	Number of repetitions AF (%)
Portuguese	(N=20218)	English	(N=239976)
Dor	1047 (5.17%)	Pain	15,026 (6.26%)
Paciente	234 (1.15%)	Chronic	4,624 (1.92%)
Dor crônica	227 (1.12%)	Patients	3,657 (1.52%)
Saúde	160 (0.79%)	Health	1,920 (0.80%)
Cuidado	142 (0.70%)	Treatment	1,662 (0.69%)
Enfermagem	126 (0.62%)	Management	1,410 (0.58%)
Individual	122 (0.60%)	Patient	1,339 (0.55%)
Idoso	118 (0.58%)	Adults	1,027 (0.42%)
Estímulo	113 (0.55%)		
Adaptação	109 (0.53%)		
Tratamento	108 (0.53%)		
Avaliação	105 (0.51%)		
Fator	100 (0.49%)		
<b>Total</b>	<b>2,711 (13.40%)</b>	<b>Total</b>	<b>30,665 (12.77%)</b>

AF – Absolute Frequency. N = total number of repetitions

Figure 1 – Categorization of terms extracted from articles in Portuguese and English, by category, quantity and examples. Curitiba, 2023.

Terms in Portuguese	(n)	Extracted term	Term after analysis
Directly included	610	Alívio da dor Ansiedade	Alívio da dor Ansiedade
Included with need for unification	2,391	Idoso com comprometimento Idoso com dor	Idoso
Included with need for correction	109	Coleta Uso da técnica	Coletar Utilizar técnica
Excluded	2675	Âmbito Eixo	
Terms in English	(n)	Term after analysis	
Included with need for translation	762	Acceptance Knowledge	Aceitação Conhecimento
Included with need for unification and translation	2,296	Sleeping Sleep Slept	Dormir
Excluded	17,795	Germany Somebody That is	

categorization of terms extracted from articles in Portuguese and English, with examples.

After unification and removal of duplicates between Portuguese and English terms, as well as the normalization process, the Termbase of Specialized Nursing Language for the Care of Individuals with Chronic Pain was constituted by 1,120 terms, concluding the first stage of the research.

The complete list of the termbase for the care of individuals with chronic pain is available in the repository: <https://doi.org/10.5281/zenodo.11409831>

In the second stage, the MappICNP tool generated 3,225 terms directly present in ICNP® or as candidate terms (Table 2); in addition to 259 non-present terms.

The distribution by ICNP® axis, the quantity in each axis, and the pre-coordinated concepts, with examples of

Table 2 – Distribution of terms presented by MappICNP, by automatic mapping rule, according to absolute and relative frequency, and examples (N= 3,225). Curitiba, 2023.

Rule	AF (%)	Examples
Direct mapping	434 (13.46%)	Estresse
Stemming	65 (2.01%)	Analgesia e Analgésico
Lemmatization	13 (0.40%)	Visita domiciliar e Visita domiciliária
Broader term	2,447 (75.88%)	Dificuldade e Dificuldade de enfrentamento da dor
Narrower term	266 (8.25%)	Automedicação e atitude em relação ao manejo (controle) da medicação conflituosa
Total	3,225 (100%)	

AF – Absolute Frequency. N = total number of repetitions

Figure 2 – ICNP® axis, quantity of terms per axis, and examples of source terms and terms/concepts candidate for equivalence. Curitiba, 2023.

Axis	(n)	Source term	AF (%) Examples Terms/concepts candidate for equivalence / ICNP® Version
Focus	974	Acceptance	Acceptance / 1.0
		Knowledge	Knowledge / 1.0 Knowledge of pain / 2013 Knowledge of pain management / 3.0
		Learning	Readiness to learn / 1.0 Learning / 1.0
NI	840	Knowledge of pain	Assessing knowledge about pain / 2.0 Assessing knowledge of pain management / 2013
		Managing pain	Evaluating response to pain management / 3.0 Collaborating on pain management plan / 2013 Consulting for pain management / 1.1 Assessing knowledge of pain management / 2013 Teaching about managing pain / 1.0
		Emotional	Assessing emotional support / 2013 Providing emotional support / 2.0
ND/NO	809	Positive attitude	Positive caregiver attitude / 2.0 Positive attitude to care / 1.1
		Depressed	Depressed mood / 1.0 Risk for depressed mood / 3.0
		Difficulty	Difficulty coping / 1.0 Difficulty coping with pain / 2013

continue...



...continuation.

Means	185	Pack	Cold pack / 1.0 Hot pack / 1.0
		Hot pack / 1.0	Care plan / 1.0 Home care service / 1.0
		Care	Progressive muscle relaxation / 2013 Relaxation technique / 1.0 Relaxation therapy / 1.0
		Region	Lower body / 2.0 Pubic region / 1.0 Upper body / 2.0 Umbilical region / 1.0
		Hip	Hip joint / 1.0
Action	117	Health facility	Health care facility / 1.0
		Risk	Risk / 1.0
		Potential	Potential for risk / 1.0
Judgment	60	Delayed	Delayed / 1.1
		Acute	Acute / 1.0
		Continuous	Continuous / 1.0
Time	47	Intermittent	Intermittent / 1.0
		Elder	Elder / 1.0
Client	14	Individual	Individual / 1.0
		Patient	Patient / 1.0

source terms and candidate target terms for equivalence identified by MappICNP, are shown in Figure 2.

Among the terms not present in ICNP®, the following will be addressed for discussion: vulnerability (18 occurrences), acupuncture (30 occurrences), and scale (46 occurrences). The choice of these terms is due to the number of repetitions of the terms, as well as their relevance in the context of chronic pain.

The complete cross-mapping with terms present and not present in ICNP® can be accessed in full at the repository: <https://doi.org/10.5281/zenodo.11464319>.

## DISCUSSION

The results of term identification in the articles presented a significant number of terms included with a need for unification. This deserves a detailed analysis to be understood in research dealing with standardized language.

The need for unification is justified by the diversity of the Portuguese language and the ingrained culture of using synonyms to express the same phenomenon. The practice of writing in Portuguese guides against repeating the same word in a sentence to avoid pleonasm or inappropriate use of anaphora. However, the function of standardized terminology is the use of unique terms

in the form of concepts, that is, the term and its respective definition. Thus, common language, easily understood but with a risk of interpretations inappropriate to the context, is replaced by a standardized language that has an interpretation directed to a domain of knowledge or specialty.

Regarding cross-mapping, it is necessary to emphasize the importance of using computational tools. Although manual analysis of automatic mapping results is necessary, the time spent on mapping is reduced, optimizing dedication to analysis<sup>(12)</sup>. Another contribution is the use of the candidate term identification functionality. In manual mapping, the researcher tends to choose terms from their domain of knowledge, often found by direct mapping. For example, manual mapping would direct the choice of the source term 'knowledge' with direct equivalence in the target document. Through the list of candidate terms, the researcher can opt for the use of terms more specific to the studied phenomenon, such as 'knowledge of pain' and 'knowledge of pain management'.

Mapping by the broader term and direct mapping stand out. Both categories demonstrate that ICNP® has terms divided into axes and pre-coordinated concepts specific to the care of individuals with chronic pain, such as 'evaluating response to pain management', present since version 3 of the terminology; 'knowledge of pain' and

'difficulty coping with pain', present since the 2013 version<sup>(5)</sup>. The consolidated terms in the terminology have the ability to offer greater consistency when used to represent the phenomenon of chronic pain.

In relation to the distribution of mapping results by axis and pre-combined concepts, the focus axis and the concepts of NI, ND, and NO stand out. The focus axis houses more terms as it is relevant to nursing. NIs, NDs, and NOs show that scientific literature addresses these elements in relation to the care of individuals with chronic pain. However, if term extraction were done from patient medical records, the systematized nomenclature of ND/NO and NI might not be as evident, justified by non-standardized use in records<sup>(13)</sup>.

When analyzing the terms with greater representativeness, those related to the care clientele deserve attention. Although nursing appropriates terms such as 'individual' and 'elder' to refer to the clientele, the term 'patient' has a higher occurrence in the literature (234 occurrences). It is important to reflect on the perception of the meaning of using these terms in the care relationship<sup>(14)</sup> and for the construction of a specialized terminology.

The presence of the term "elder" in the literature indicates that this population is affected by chronic pain and should be treated in its specificity. Aging is related to chronic health conditions<sup>(15)</sup> and, when planning NIs for these individuals, it should be considered that the higher the pain intensity, the worse the quality of life of the elderly<sup>(16)</sup>. Due to its specificity in relation to age group, considering the term 'elder' instead of the terms 'individual' and 'patient' becomes more effective.

The term "adaptation" brings up the discussion that the process of coping with chronic pain should be prioritized. In ICNP®, adaptation refers to coping with and managing new situations<sup>(5)</sup>, which signals the identification of possible difficulties or potentials for coping with pain.

The relationship between the terms "adaptation" and "management" is a subject of discussion, in order to include this relationship adequately in a terminology. Pain management, understood as handling, involves everything from identifying triggering factors to using control measures, regulation, and operationalization of care actions independently. Thus, when using distinct terms, nurses emphasize pain management for its influence on the adaptation process in search of improved quality of life and in structuring activities with autonomy. It is essential that nursing care surpasses the use of the term adaptation as a synonym for acceptance, reflecting comprehensively the journey faced by people with chronic pain. In this

way, professionals will be able to provide comprehensive care and facilitate the transition process for people living with chronic pain, especially through the promotion of coping strategies<sup>(17)</sup>.

The Transitions Theory is capable of guiding nurses to help individuals with chronic pain achieve coping strategies, self-efficacy, and self-control<sup>(8)</sup>. This theory enhances care as it advocates that individuals incorporate knowledge about their health in the search for behavior changes, self-knowledge, understanding, and better adaptation. A person with chronic pain needs to adapt to various situations, requiring from the professional a holistic view, with respect for singularity, beyond the physiological aspect in the pursuit of well-being and quality of life at personal, family, and community levels.

The selected literature presents terms not included in ICNP®, but important for the care of individuals with chronic pain. The proposal of new terms is encouraged by the ICN, with a submission process, and ensures the updating of terminology in face of phenomena sensitive to nursing practice.

For the term acupuncture, there is evidence that it is a relevant strategy, being one of the non-pharmacological techniques used for pain relief<sup>(18)</sup>. Acupuncture is included in integrative and complementary practices in the Unified Health System (UHS), and its practice by nurses is recognized by the Federal Nursing Council<sup>(19)</sup>.

The term "vulnerability" is relevant in the context of chronic pain, as socioeconomic conditions, health, social relationships, and lifestyle habits influence how a person experiences the phenomenon of pain and establishes protection mechanisms. People with social vulnerability have lower income and education, resulting in lower health literacy<sup>(20)</sup>. This leads to reduced access to health services, self-medication, and an increase in the number of comorbidities<sup>(21)</sup>. It is essential that nurses analyze the vulnerabilities of people with chronic pain to offer assertive interventions<sup>(22)</sup>.

The presence of the term "self-medication" demonstrates the occurrence of this practice in the context of chronic pain. Self-medication points to the need for a review of the approach of health services and improvement of access for people with chronic pain, in a timely manner and with a response to their needs. Although not included in the terminology, the term can be considered more restricted to the ND "conflicting attitude toward medication management", which reinforces the importance of manual analysis by the researcher of the results of automatic term mapping.

The term "scale" is essential for organizing assessment and intervention record standards in the context of pain. The systematic recording of pain through scales collaborates for communication between teams and contributes to a better understanding of this phenomenon, allowing better pain management and attributing quality to care<sup>(23)</sup>. There is a close relationship between the term scale and chronic pain, mainly due to the subjective nature of pain and the fact that the gold standard for its assessment is self-report<sup>(24)</sup>. The application of scales allows the quantification and qualification of attributes and assists in the interpretation of the multifaceted aspects of pain in a structured manner<sup>(25)</sup>.

The mapped terms represent the different attributes involved in chronic pain, which are scientifically based and capable of capturing the related multifactorial characteristics. The result presented in this article is extremely important for the subsequent stages of constructing the terminological subset, as it must accurately represent the particularities of a phenomenon in a specific clientele.

Although a termbase, in its essence, is not composed of pre-combined concepts, it is discussed that the representation of some ICNP® diagnosis, outcome, and intervention concepts in 2021 was mapped as equivalent to terms from the Systematized Nomenclature of Medicine - Clinical Terms (SNOMED-CT) (content available at: <<https://www.icn.ch/news/new-icnp-snomed-ct-nursing-practice-refset-first-product-recent-agreement-increase-nursing>>). The Chronic Pain diagnosis, for example, was mapped as a term from the Clinical Finding axis of SNOMED-CT (Chronic Pain Code 404684003). It is expected, therefore, that the mapping result presented here can assist in the translation process to Portuguese of future ICNP® versions, as well as facilitate the localization of the distribution of terms from ICNP® axes with those of SNOMED-CT.

As contributions of this work to nursing practice, the standardization of records and assistance in the nurse's decision-making process stand out, since chronic pain requires specificity and accuracy due to its complex and multidimensional characteristics.

## CONCLUSION

The quantitative occurrences of the terms "pain", "patient", "chronic pain", "health", "care", "nursing", "individual", "elder", "stimulus", "adaptation", "treatment", "evaluation", "factor", "management" and "adults" represent the relevance of using these terms for recording nursing care for people with chronic pain.

The quantity of terms mapped by 'broader term' and direct mapping demonstrated that terms specific to certain phenomena, such as pain, are contemplated by ICNP®. However, the existence of generic terms in this care context may compromise the proper use of the Classification, which reinforces the importance of constant updating and the development of subsets.

The standardization of nursing language in the context of care for people with chronic pain can support documentation and, consequently, reflect on the quality of care and the visibility of the profession.

The limitations of this study refer to the term identification stage. The articles used were those available in full, and gray literature, such as governmental and specialty publications related to the theme, was not used. Overcoming this limitation was made possible, in part, by using the MapICNP tool, which unfolds the identified terms from the source document into candidate terms from the target document, expanding the list of terms that can represent the phenomenon.

Future stages of this study will follow the last two of the Brazilian method for constructing ICNP® terminological subsets: the construction of ND/NO and NI statements with content validation and the final structuring of the subset. Mapping of results with SNOMED-CT is also suggested.

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