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ADAPTATION AND VALIDATION OF THE SOAPIE NURSING REGISTRY MATRIX AND NANDA, NIC, NOC LINKAGE

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ABSTRACT

Nursing activities are the cornerstone of healthcare work, so a tool is needed to demonstrate the care provided. Adaptación y validación de la matriz del registro de enfermería SOAPIE y el enlace NANDA-NIC-NOC como evidencia en la administración de cuidados. This quantitative study is descriptive and cross-sectional in nature. The study population consisted of 50 nursing professionals from a hospital in the province of Azuay, Ecuador, who were administered the instrument that unifies SOAPIE and the NNN taxonomy, described in six items: subjective data, objective data, diagnosis, results, interventions, and evaluation, which took approximately 5 minutes to complete per patient. Previously validated by experts from the Santo Toribio de Mogrovejo University, the validity was subsequently evaluated using factor analysis and Kuder-Richardson statistics. External validation was favorable, concluding that it covers the essential elements of the nursing process and offers new tools for evidence of care. The validation of the items considered was carried out with an internal consistency analysis using the Kuder-Richardson coefficient (0.91), and the construct validity revealed a high positive correlation value (r = 0.84). The SOAPIE/NANDA-NIC-NOC nursing record has been designed and validated by incorporating the patient's health problems, nursing diagnosis, care provided, and evaluation of that care according to clinical indicators. It can therefore be applied in clinical practice due to its very high reliability and validity.

KEYWORDS: Nursing Records; Nursing Care; Nursing Diagnosis; Clinical manifestations; Standardized Nursing Terminology.

1. INTRODUCTION

In healthcare institutions, interdisciplinary work among professionals is essential for comprehensive patient care, with nursing standing out as a fundamental pillar. This discipline plays a crucial role in healthcare, as evidenced by its involvement in projects that employ a scientific and humanistic approach. Its practice is characterized by professional competence and constant technological innovation, implementing strategies that guarantee patient safety through clinical reports based on the nursing process (1,2).

The significance of nursing records was underscored by Florence Nightingale in the 19th century, when she conceptualized them as a legal instrument for documenting and evaluating patients' health histories (3). However, a global perspective reveals a considerable variation in the error rate associated with nursing assessments, which has been reported to range from 35% to 80%. In Ecuador, this problem is evident according to the study by Vera, Olaya, and Suconota on the use of the SOAPIE method in a general hospital, where the 220 participants showed inefficient quality in their records (4,5). In a similar vein, Soza, Bazán, and Díaz's findings revealed that 67% of professionals occasionally neglect to implement the SOAPIE method, and that the quality of records was deemed fair in 52%, good in 28%, and poor in 19% (6).

The systematic implementation of the nursing process is instrumental in facilitating professional advancement and necessitates a universal toolset that reflects its five stages, thereby ensuring comprehensive, individualized, and ethically responsible care (7). The World Health Organization (WHO) underscores the significance of meticulous documentation of diagnoses and interventions to ensure optimal and safe outcomes, a practice that aligns with Ecuadorian regulations that designate the medical record as legal evidence of the care provided. Consequently, records must be methodical, sequential, and centered on tangible or prospective health concerns, thereby fostering patient autonomy in their own healthcare (8,9).

At present, medical records—both digital and physical—play a pivotal role as evidence of the care process. It is imperative that nurses meticulously document their interventions using the SOAPIE method, a systematic approach grounded in patient needs, diagnoses according to the American Nurses Association, and the educational interventions implemented by nurses. This approach has been demonstrated to enhance the quality of documentation and care provided (4,10,11,12). Furthermore, nursing records serve as a legal, educational, care, and research support instrument, contributing to the administration of quality and compassionate care (13,14).

In summary, clinical records utilizing the SOAPIE method, linked to the NANDA-NIC-NOC classification, serve as a validated instrument that facilitates the administration of care and provides scientific evidence of nursing performance.

2. METHODOLOGY

A descriptive study was conducted to validate the appearance and content of a tool for nursing documentation using the SOAPIE method. This study was carried out between September 2023 and February 2024 in the city of Cuenca, Ecuador. The process was comprised of five primary stages.

2.1. Step 1: Adaptation of the instrument

The Spanish version of the SOAPIE method, developed by the American Nurses Association, was adapted and integrated with the NANDA, NIC, and NOC (NNN) classifications to develop a recording matrix. This instrument encompasses data pertaining to patient identification and six fundamental dimensions.

1. **S-O (Assessment):** Collection of objective and subjective data through interview, physical examination, and review of medical history to identify patient health problems.
2. **Diagnosis:** Formulation of clinical judgments prioritizing real diagnoses according to the NANDA taxonomy.
3. **Care planning:** Elaboration of the plan based on the patient's clinical condition, establishing achievable NOC results and selecting specific indicators, assessed on a Likert scale from 1 (no commitment) to 5 (severe).
4. **Intervention and execution:** Detailed record of dependent and interdependent activities, linked to the diagnosis and expected results.
5. **Evaluation:** Continuous analysis of the clinical evolution through the selected indicators, recording the progress achieved and the effectiveness of the care provided (8, 13, 15, 16).

2.2. Stage 2: Validation and standardization

The instrument's content was validated by a panel of five nursing experts from the Universidad Santo Toribio de Mogrovejo. The specialists evaluated the clarity, accuracy, and relevance of each item using a Likert scale ranging from 1 to 5. The validation process was deemed adequate if the comprehension of each item reached 80% or more, indicating that no modifications were necessary.

2.3. Stage 3: Pilot

A pilot test was conducted with 20 nurses from a second-level hospital to verify the feasibility of the instrument and ensure the clarity of the items.

2.4. Stage 4: Data collection

Following the pilot test, no adjustments were deemed necessary for the items. A total of 50 nurses from critical areas, with varying degrees of academic training and assigned to the three work shifts, were recruited for this study. Outpatient professionals, assistants, and floor leaders were excluded from the study.

2.5. Stage 5: Statistical analysis

The SOAPIE/NANDA-NIC-NOC matrix was utilized in a clinical case in the intensive care unit. The percentages of agreement between the dimensions were calculated, with values above 80% being accepted. The NOC indicators were evaluated at the beginning and end of the intervention, employing means, standard deviation, and coefficient of variation. Averages of at least 7 and coefficients of less than 15% were considered satisfactory, thereby demonstrating the effectiveness of the registry in documenting the nursing process (8, 10, 13, 17).

In the validation study of the SOAPIE/NANDA-NIC-NOC instrument, the statistical program SPSS (Statistical Package for the Social Sciences) version 25 was utilized to analyze the data collected, thereby ensuring the accuracy and reliability of the results. The sociodemographic variables considered in this study included age, sex, educational level, professional experience in years, and work shift (morning, afternoon, or night). A thorough analysis of the instrument's variables was conducted to assess its clarity, accuracy, relevance, and pertinence. This analysis utilized a Likert scale ranging from 1 to 5, as previously outlined (18, 19).

In the course of the content validation process, a multifaceted evaluation was conducted, encompassing subjective and objective (S-O) data, nursing diagnoses according to the NANDA taxonomy, anticipated outcomes (NOC), and interventions implemented (NIC). Furthermore, the interventions administered, and the effectiveness of the care were meticulously documented and appraised using a Likert scale to assess the patient's levels of clinical engagement.

A suite of statistical analyses was employed to assess the instrument's performance. The internal reliability of the scale was determined using Cronbach's alpha coefficient, while the content validity index (CVI) was calculated for each item, with a threshold of 80% deemed acceptable. Concordance analyses were performed to measure the level of agreement between evaluators, with percentages above 80% considered satisfactory. Descriptive statistics were employed to calculate means and standard deviations, thereby enabling the evaluation of the accuracy of the responses in the pilot test. The coefficient of variation was also calculated and accepted as valid when it was less than 15%. These procedures were implemented to ensure the validity and reliability of the instrument, thereby demonstrating its applicability in clinical nursing contexts for the documentation and demonstration of the quality of the care process.

3. RESULTS

After the search for scientific information, the instrument for the preparation of the nursing record was adapted, organized based on fundamental components, such as patient identification data, subjective data, objective data, nursing diagnosis, planning, execution and evaluation (Table 1).

Table 1: General organization of the SOAPIE/NANDA – NIC -NOC nursing recording instrument.

COMPONENT	*ITEMS*
General	Patient Personal Information
S = Subjective data	Nursing interview. Information referred by the patient.
O = Objective data	Nursing interview. Physical exam. (Inspection, Palpation, percussion and auscultation). Lab results. Complementary exams.
A = Nursing diagnosis	NANDA Taxonomy
P = Planning	NOC Results. Indicators of care. Likert scale (1 = Sin, 2 = mild, 3 = moderate, 4 = severe, and 5 = severe compromise). Initial target score.
I = Nursing interventions	Independent activities. Dependent activities Interdependent activities.
E = Evaluation	Indicators of care. Likert scale (1 = Sin, 2 = mild, 3 = moderate, 4 = severe, and 5 = severe compromise). Target score in the evaluation.

In the context of content organization and validation by experts, the elements of patient affiliation data are given due consideration, in conjunction with the sequence of preparation of the

nursing report in the SOAPIE methodology. The results obtained from the approval of each of the evaluated items are documented, with percentages ranging from 80 to 100% indicative of the level of approval. The area of adaptation between the planned outcomes, indicators of care, and the target score is of particular emphasis.

The results obtained in the validation of the organization and content of the SOAPIE/NANDA-NIC-NOC nursing registration instrument reflect a high level of acceptance by experts in terms of understanding, clarity, precision, relevance, and relevance. The general information, which includes the patient's affiliation data, was consistently assessed as adequate in all aspects evaluated, indicating that this section is clear and fulfills its identification purpose.

In the subjective data, the nursing interview demonstrated a satisfactory level of understanding and relevance, suggesting that professionals can effectively capture the information provided by the patient. The objective data section, which encompasses the interview, physical examination, and laboratory results, is characterized by its high precision and clarity. This feature serves to underscore the efficacy of these methods in the aggregation of comprehensive clinical information.

The nursing diagnosis, formulated according to the NANDA taxonomy, has also garnered favorable appraisals, thereby underscoring its pertinence in identifying health concerns. The planning phase, which centered on NOC results and the implementation of care indicators, received high ratings in terms of clarity and precision. This ensures that this stage can be implemented consistently.

The interventions, which include independent, dependent, and interdependent activities, were assessed as relevant; however, it is suggested that they could benefit from minor adjustments in clarity to optimize application in clinical practice. The evaluation of the indicators of care proved to be effective in measuring the patient's evolution, highlighting their ability to demonstrate the effectiveness of the interventions carried out.

In conclusion, the validated instrument offers a solid, clear, and precise structure that facilitates data collection and monitoring of the care process. The notion has garnered substantial endorsement from experts in the field, thereby validating its practicality within clinical settings. This recognition is pivotal in enhancing the quality of nursing documentation and, by extension, the efficacy of care management (see Table 2 for further details).

Table 2: Valides of organization and content by experts.

ITEMS		Organization and Content Validity				
		Compression	**Clarity**	**Precision**	**Pertinence**	**Relevance**
General	Patient filiation data	x = 5 /m = 5% = 100	x = 5 /m = 5% = 100	x = 5 /m = 5% = 100	x = 5 /m = 5% = 100	x = 5 /m = 5% = 100
S = Subjective data	Nursing interview. Information referred by the patient.	x = 4.6/m = 5% = 80	x = 4.8/m = 5% = 100	x = 4.4/m = 5% = 80	x = 5 /m = 5% = 100	x = 4.6 /m = 5% = 100
O = objective data	Nursing interview. Physical exam. Lab results. Complementary exams.	x = 4.8/m = 5% = 90	x = 5/m = 5% = 90	x = 4.6/m = 5% = 90	x = 4.8/m = 5% = 90	x = 4.4/m = 5% = 90
A = Nursing diagnosis	NANDA Taxonomy	x = 4.6/m = 5% = 80	x = 4.8/m = 5% = 100	x = 4.6/m = 5% = 100	x = 5/m = 5% = 80	x = 4.6/m = 5% = 100
P = Planning	NOC Results. Indicators of care. Likert scale. Target score at the beginning.	x = 4.8/m = 5% = 100	x = 4.8/m = 5% = 100	x = 4.6/m = 5% = 100	x = 4.6/m = 5% = 80	x = 4.4/m = 5% = 80
I = Nursing interventions	Independent activities. Dependent activities Interdependent activities.	x = 4.4/m = 5% = 80	x = 4.6/m = 5% = 80	x = 4.8/m = 5% = 100	x = 4.6/m = 5% = 100	x = 4.4/m = 5% = 80
E = Evaluation	Indicators of care. Likert scale. Target score in the evaluation.	x = 4.6/ m = 5% = 100	x = 4.6/m = 5% = 100	x = 4.8/m = 5% = 100	x = 5/m = 5% = 100	x = 4.6/m = 5% = 80

*x = average, m = median, % rating 4/5

The proposed dimensions constitute the foundation of the nursing report, having been accepted and applied by 100% (n = 50) of the participants in the study, which demonstrates a level of agreement that exceeds 86%, with the planning dimension reaching 86% and nursing interventions reaching 100%. As illustrated in Table 3, nursing professionals exhibit a high degree of consensus regarding the various dimensions of the SOAPIE registry. This finding indicates a high degree of consistency in the implementation of each component of the registry. The agreement in the subjective data, which refers to the information provided by the patient during the interview, demonstrates a substantial alignment between the professionals, reflecting an adequate and uniform handling of the information obtained. Objective data, encompassing physical examination and laboratory results,

exhibited strong concordance, suggesting that nurses possess the capacity to consistently interpret and document clinical information. With respect to the establishment of nursing diagnoses, a high level of agreement was observed, suggesting that professionals concur on the identification of health problems using the NANDA taxonomy. In the planning stage, which encompasses the delineation of anticipated outcomes and care indicators, there was a modest decline in agreement, suggesting potential variations in the manner in which professionals organize or prioritize care objectives. However, the level of agreement remains substantial. The interventions, which encompass dependent, independent, and interdependent activities, demonstrated the highest degree of agreement, underscoring the clarity and applicability of the intervention protocol among nurses. In the final analysis, the degree of consensus persisted at a consistent level, suggesting that nurses possess the capacity to provide uniform assessments of the efficacy of the interventions that have been executed. The results indicate a high degree of consensus on the utilization of the instrument, thereby suggesting that the SOAPIE/NANDA-NIC-NOC registry is an effective and well-understood tool in the nursing setting.

Table 3: Level of agreement among nursing professionals with respect to "S, O, A, P, I, E" Subjective data, objective data, nursing diagnosis, planning, interventions, and evaluation.

Dimension	*Level of agreement among nurses*
S	45 (90%)
Or	46 (92 %)
To	48 (96%)
P	43 (86%)
I	50 (100%)
And	48 (96 %)

In this construct, the indicators of care are linked to the NOC result. Due to their capacity for variability, they allow for discrimination of the patient's evolution as positive or negative. The target score is quantified, assessed at the beginning and end of the nursing intervention, and used to determine the level of commitment to the patient's health status. The numerical values assigned to the categories are as follows: 1 = sin, 2 = mild, 3 = moderate, 4 = severe, and 5 = severe.

The mean average of 4.26 was observed in the initial assessment, which was part of the planning phase, and the mean average of 2.06 was observed in the final assessment, which was part of the evaluation phase. These observations were made in the preparation of the nursing report, which was based on a real clinical case. A preliminary evaluation of the planning and evaluation indicators reveals that, in general terms, nurses exhibited an initial evaluation (planning) that reflects a high degree of commitment and preparation for patient care. The relatively elevated mean suggests that professionals possess a robust and consistent understanding of how to initiate the care process, which is reflected in the assignment of appropriate engagement scores. The standard deviation, which is indicative of the dispersion of values, exhibits a low value, thereby indicating a uniformity in the scores and, consequently, a consistency in the application of planning interventions among professionals. With respect to the evaluation, a lower mean was observed, indicating that the results achieved during the intervention may have varied, suggesting that patients did not always achieve the objectives established in the planning. However, the low standard deviation for the assessment also implies that, despite the variability in the results, the nursing professionals consistently applied the assessment strategies. The coefficient of variation for both indicators is minimal, suggesting that the data exhibit negligible fluctuations and that the methodology employed for measurement is highly stable and reliable. A collective examination of the results indicates that the planning and evaluation process demonstrates a robust and consistent foundation. However, the findings also propose the potential for modifications to the evaluation procedure. Implementing these adjustments could enhance outcomes and ensure greater congruence with the initial care objectives (see Table 4 for details).

Table 4: Descriptive measures for indicators in planning and evaluation.

ITEM	**ASSESSMENT**		
	Stocking	S	CV (%)
P (initial)	4,26	0,52	12,37
E (evaluation)	2,06	0,23	11,64

4. DISCUSSION

The clinical nursing report constitutes a foundational instrument in the realm of patient care, as it represents a pivotal component of the medical record. This report carries both professional and legal implications. In the present study, an instrument was adapted for the development of the nursing registry based on the SOAPIE model. This instrument was complemented with a NANDA care planning matrix, which was structured according to key components such as identification data, subjective and objective data, nursing diagnosis, planning (including NOC, care indicators, Likert scale, and initial target score), execution, and interpretation of clinical indicators of care based on the variability of the target score. The instrument's validity was evaluated by a group of five international experts, who approved it with scores ranging from 80 to 100%. The proposed dimensions were met with universal acceptance and implementation by all nurses involved in the pilot plan, resulting in a substantial degree of consensus regarding their execution. Furthermore, the initial clinical assessment indicated high scores in the patients, while the final evaluation revealed a decrease, suggesting variability in the response to treatment.

The effectiveness and high quality of the nursing registry based on the SOAPIE model have been demonstrated by previous studies. For instance, in the research conducted by Mousavi et al., it was demonstrated that the implementation of the SOAPIE method in nursing documentation enhances the quality of records, thereby facilitating planning and clinical research. In a similar vein, the study by Vera Tello et al. in Ecuador underscores the efficacy of SOAPIE in promoting a systematic approach to the care process. This approach enables the systematic recording of information in a logical and sequential manner. In a similar vein, the research conducted by Cáceres Rivera et al. on the development of a cardiopulmonary assessment instrument underscores the necessity of validation by experts and the importance of achieving high agreement with standardized nursing practices (5, 8, 11).

The SOAPIE model and its variants, such as A-SOAP, have been demonstrated to be effective in improving the quality of records and communication between health care providers, facilitating continuity of care. This assertion is corroborated by other studies, including those by Sudarsan et al. and Abd Rahman. Constant and Harding's research indicates that the implementation of these frameworks enhances the quality of documentation and fosters nurses' capacity to record patient care in a more comprehensive and precise manner. This, in turn, has a favorable impact on patient care (10, 13, 14, 16).

The analysis by Morales Aguilar et al. on the validation of a format to document the nursing process and the study by Cuevas Buhart et al. on patient safety in hemodialysis underscore the significance of employing validated tools that not only facilitate documentation but also ensure accuracy and consistency in records, a crucial element in maintaining continuity of care. In conclusion, Barria's research on the utilization of research in nursing practice underscores the necessity for professionals to accurately interpret scientific information and effectively apply it in the clinical context to optimize patient outcomes (16, 20, 21).

5. CONCLUSIONS

The nursing registry has been developed and validated to integrate the patient's health needs, starting with the assessment, nursing diagnosis, care execution, and evaluation of this care through real clinical indicators. The nursing registry is based on the SOAPIE/NANDA-NIC-NOC model. This approach, characterized by its high reliability and validity, finds application in clinical practice due to its capacity to systematically and accurately document the care provided to the patient.

The standardized, sequential, and organized design of the SOAPIE/NANDA-NIC-NOC model facilitates the preparation of the nursing registry by allowing a comprehensive assessment that considers both objective and subjective data obtained from clinical phenomena and specific manifestations of the patient. This approach enables the identification of the patient's health needs, which in turn informs the formulation of the nursing diagnosis, considered an essential component in professional nursing practice.

In the context of daily nursing practice, professionals execute a series of interventions that, at times, are not adequately documented. This can impede the visibility of nursing work within the healthcare sector. The implementation of the instrument described in this study underscores the significance of recording independent nursing activities, predicated on a nursing diagnosis, which contributes to the fortification of professional identity and the generation of unambiguous evidence of the actions undertaken in patient care.

The incorporation of the Likert scale during the planning and evaluation phases constitutes a pivotal component, as it facilitates the assessment of the efficacy of care, taking into account the variability of the patient's clinical manifestations.

This instrument enables the adjustment of care according to the patient's needs, with the objective of optimizing benefits for the patient's recovery.

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CONFLICT OF INTEREST

No conflict of interest.

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Appendix: Nurse Registry SOAPIE-NANDA/NOC/NIC

IDENTIFICATION DATA	**H. CLINICAL**		**REGISTRATION NUMBER:**						
	DATE		**SERVICE:**						
	NAMES								
	AGE		**GENDER: M F**		**DAY OF HOSPITALIZATION:** days				
	MEDICAL DIAGNOSIS OF ADMISSION:								
	SUBJECTIVE DATA:								
S									
	OBJECTIVE DATA:								
Or									
	NURSING DIAGNOSIS								
To	Domain:		**Diagnosis Enf.**						
	Code:		RC:						
			MP						
PLANNING									
P			**TARGET SCORE** *Likert: 1 = No commitment, 2 = mild, 3 = moderate, 4 = severe, 5 = severe.*						
	NOC RESULTS (Objective)		**INDICATORS** (Sign or symptom)			**INITIAL ASSESSMENT**		**EVALUATION**	
						1 2 3 4 5		**1 2 3 4 5**	
	NURSING INTERVENTIONS (NIC)								
I	**Independent, dependent, and interdependent activities.**								
	EVALUATION **Date: Time:** *(Detail the target score in evaluation)*								
And									

Signature of the person in charge