

Risk for Complicated Immigration Transition: New Diagnosis for NANDA-International

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OBJECTIVE

The objective of this article is to describe the developmental processes for the creation of the new diagnosis risk for complicated immigration transition for the NANDA-I.

METHODS

The study followed the recommended steps of developmental processes for NANDA-I. The identification of risk factors, which cause those who have migrated to feel vulnerable, is the result of two different research studies aimed at identifying nursing diagnosis related to the immigration process.

RESULTS

A proposal of label, definition and risk factors of risk for complicated immigration transition.

CONCLUSIONS

This new nursing diagnosis will reinforce the strategies for nursing interventions directed to empower immigrant people to acquire and/or develop the resources needed to cope with the immigration process.

Keywords

Nursing diagnosis, migration, transition

The new diagnosis risk for complicated immigration transition has been newly published in the NANDA-I Nursing Diagnoses: Definitions and Classifications 2018–2020 (Herdman & Kamitsuru, 2017). The purpose of proposing the inclusion of this new diagnostic process in the classification of nursing diagnoses NANDA-I is to both name and to provide a response from the perspective of the nursing discipline to one of the most significant sociocultural phenomena of the twenty-first century: migration.

Objective

The objective of this article is to describe the theoretical underpinnings of the new diagnosis risk for complicated immigration transition and to explain the developmental processes for its creation. This diagnosis is related to the immigration phenomenon.

Problem Identification

Decision to Emigrate

Immigration means to leave one's country in order to reside temporarily or permanently in another place. The migration process is the phenomenon by which people enter and settle down in other countries.

Generally, people begin their process of migration when they decide to migrate as a response to a series of negative experiences operating in their home country, and a number of positive factors that are known to occur in the host country (Moreno, 2003).

Migration Experience

Migration represents a significant change in people's lives, where the needs for adaptation, learning, and personal growth are vital at each stage of the process (Lin & Hung, 2007).

Immigrants usually have mixed emotions, as feelings of sorrow and pain for what is left behind coexist with the feelings of strength and freedom attained from overcoming prior limitations and taking control of one's life (Achotegui, 2000). Nonetheless, it should be noted that the contrast between the expectations of those who decide to immigrate and the reality they face when they arrive in the host country could affect both their physical and mental health (Pardo-Moreno, Engel-Gómez, & Agudo-Polo, 2007a; Vivanco et al., 2005).

During their migration, a person may experience exhaustion from the journey, adaptation or rejection in the host country, as well as suffering from economical, emotional, and social deprivations that compel the development of survival strategies (Federico de la Rúa, 2004; Pardo-Moreno, Engel-Gómez, & Agudo-Polo, 2007b). The immigrant is a vulnerable being who faces physical, psychological, monetary, social, and spiritual difficulties, living in an unfamiliar society, which, in many cases, leads to their going through adverse conditions (De la Revilla et al., 2011; Schweitzer, Melville, Steel, & Lacherez, 2006). However, hope and determination to cover basic needs can initially cause these difficulties to remain in a concealed state (Kinon, 2000; Tompa, Scott-Marshall, Dolinschi, Trevithick, & Bhattacharyya, 2007).

Grief and Suffering During Transition

The pressure caused by one's expectations, the challenges from the new environment and the negative experiences that arise can trigger an emotional conflict (Rojo-Pascual & Gómez-Gallego, [2004](#)). This suffering is manifested in the form of stress, solitude, low self-esteem, anxiety, lack of emotional support, and feelings of guilt. Consequently, migration can be defined as a risk factor for the immigrant (Roca, [2001](#); Simich, Hamilton, & Baya, [2006](#)).

As such, the migrant's grieving, which occurs in varying degrees in all migration processes, becomes complex if personal or social circumstances are difficult. Therefore, migration can be considered a risk factor for mental disorder only if the immigrant is labile, the environment is hostile or both aspects thereof are present (Achotegui, [2002](#); Achotegui, [2009a](#), [2009b](#)).

Moreover, migration is considered as a reciprocal phenomenon affecting both the person that decides to undertake the migration process and also the host country's population. Stress and migratory grief can be experienced both by relatives and friends that remain in the country of origin as well as by the people of the host country (health professionals included), who live in an uncertain relationship with the newcomers (O'Mahony & Donnelly, [2007](#)).

In order to offer adequate health care to immigrant populations and plan interventions aimed at improving the health of this group, a better understanding of the situation and needs of the immigrant are required.

Methods

By detailing related factors that could cause a nonadequate response, the specific objective of this diagnosis is to define the response of people to this phenomenon, so that nurses can provide resources to newcomers to facilitate their coping with this vital transition in a good physical and mental condition.

In order to develop this new nursing diagnosis, we followed the recommended steps of developmental processes for NANDA-I nursing diagnoses (Herdman & Kamitsuru, [2017](#)), listed below:

1. References are cited for the definition and for each risk factor.
2. Nursing outcomes (NOC) and nursing interventions (NIC) related with the new diagnosis are provided.
3. The existence of a substantial body of knowledge underlying the diagnosis is demonstrated, with a written concept analysis as a result of a narrative review.
4. There is a description of qualitative studies relating to this diagnosis, undertaken by this article's author, using nonrandom samples. The subjects of these qualitative studies were people who experienced this immigration phenomenon.
5. This proposal contains the definition and risk factors of the nursing diagnosis.

The proposal of the diagnostic label and its definition is based on Meleis' transitions theory. The identification of risk factors, which cause those who have migrated to feel vulnerable, is the result of different research studies aimed at identifying the nursing diagnosis related to the immigration process. The main focus of one of the studies was to discover nursing perspectives

(Rifà, [2012a](#); Rifà et al., [2006](#), [2009](#)). Another study was undertaken as a result of this study, which was steered from the perspective of the immigrant population (Rifà, [2012b](#)). Both research studies show the contextual elements, which are risk factors for the immigration experience, become complex and difficult. These elements generate nonhealthy responses to the immigration experience.

The second study also shows that nurses do not offer adequate resources in order to help migrants cope effectively throughout the immigration process. Instead, nurses tend to become involved when nonhealthy responses to the immigration process are already in place.

This proposal sent to NANDA-I contains references to other studies that support the definition and risk factors of the nursing diagnosis. A review from two experts in nursing diagnosis has been obtained as a part of the diagnosis development process.

Theoretical Background

Transition Theory

Nursing theories and models constitute a reference frame that allows the improvement of daily clinical practice through the description, explanation and systematization of the both thinking behind nursing and its practice (Alligood & Marriner, [2015](#)).

Reference models should be tailored to research phenomena and also be set in the context of a humanistic care philosophy. Research, as a mode of innovation and a professional contribution, is the tool used to respond to people's emerging needs. Research creates appropriate and unique interventions that help modify, adapt, and improve everyday practice in order to provide an adequate response to the needs of the population in relation to nursing care (Teixidor & Pont, [2004](#)).

Migration is not a one-off event, but a process, a transition from the country of birth to a new life in a new country. According to Meleis ([2010](#)), this process/transition causes fluctuations and changes in people's lives, involving a redefinition in terms of their perception of the meaning of life.

If the person subject to this change, in addition to it not being desired, has no prior preparation, biopsychosocial decompensations can appear and generate certain vulnerabilities in relation to health. Such vulnerabilities will need to be addressed by the health care system of the destination country and, particularly, by nursing teams (Canaval, Jaramillo, Rosero, & Valencia, [2007](#)).

The International Council of Nursing, in its document, *Mobilizing Nurses for Health Promotion* (2009), describes primary care nurses as unique professionals as they have a direct and continuous access to the general population throughout their working lives. This close relationship allows nurses to detect and anticipate problems that arise and affect people's experiences, and to develop health-promotion strategies that can modify health-related factors.

The conceptual framework described in Meleis' transition theory can be thought of as perfectly applicable to a primary healthcare in which immigration is observed and potential risk factors resulting thereof could cause health problems.

Nurses, as proactive professionals that have a very close relationship with their patients, help people to be responsible for their self-care management. Nurses can also, through observation and experience, pre-empt health problems, which can determine people's state of health.

Meleis employs person–health and environment as concepts to be combined with transition, interaction, and nursing therapeutics, which are core concepts in nursing theories. Meleis' theory describes the continuities and discontinuities linked to vital processes, the interaction of people with their environment and how nurses interact with patients during their transition process (Kerouac, [1996](#)).

The aim of Meleis' transition theory is to respond to the process involved in events that cause instability and to embrace change as an opportunity for self-development and personal growth (Pérez et al., [2014](#)). The term transition, which comes from the Latin word “transition,” is defined as the change from a stage, condition or state of life to another, and suggests sequence and fluctuation (Duran de Villalobos, [2007](#)).

Important events that occur during our lives can cause major changes at different levels, affecting lifestyle and causing pressure that compromises the capacity to adapt to new situations in a healthy manner. A person begins a transition when reality presents an event that is associated with fundamental changes in life patterns (Meleis, [2010](#)). For Mendes and Almeida Lopes Monteiro da Cruz ([2009](#)), the transition involves social processes that generate a change of behavior based on expectations associated with a new social position. This social process involves changes in social identity, values, etc., which require the learning of new skills and behaviors.

Transitions may have multiple triggers: changes in life cycle, loss of loved ones, alterations or changes in a health–disease process, role changes, retirement, immigration, changes in social networks, environment changes, changes in one's or others' expectations, or any situation that requires a process of adaptation to a new life, either temporary or permanent, desired or undesired, coincidental or not (Meleis, [2010](#)).

Going through such experiences causes confrontation and adaptation, with possible effects at biopsychosocial levels. There are emotional responses, especially in the period of instability, of disorientation, anxiety, irritability, changes in self-concept, role, self-esteem, feelings of exhaustion, depression or ambivalence, to name a few, as well as the need to restructure one's life again and to find a new purpose. Responding to these may be difficult to achieve and can lead to unhealthy behavior and lifestyle, which can increase people's vulnerability (Alligood & Marriner, [2015](#)).

With regards to the “nature of the transition,” four categories can be identified: those related to life's developmental changes; those related to situational changes, including changes in housing, country, partner or work; those related to health and disease, which includes the process of adaptation to a diagnosis, recovery and health maintenance; and those related to organization, affecting work or the family. Accordingly, migration is found in two categories: situational changes and organizational changes.

Moreover, transitions can occur under specific personal and environmental determinants (social and community) which can influence the type of transition achieved and also facilitate or hinder its healthy evolution.

Finally, a nurse's knowledge of transition patterns may orientate the delivery of nursing care with the aim of helping others to achieve healthy results. In this sense, when Meleis (2010) describes nursing care, she indicates that this should be identified, clarified, developed, tested, and assessed.

Label, Definition and Risk Factors of the Nursing Diagnosis

The label has the diagnostic axes, as defined by the International Standards Reference Model for Nursing Diagnosis, corresponding to risk diagnosis. The focus of the diagnosis, Axis 1, is named using two values “immigration” and “transition”. Axis 3, related to nursing judgment, is named using the value “complicated”. Finally, Axis 7, which describes the status of the diagnosis, is named using the value “risk.”

Table 1 shows the label, definition, and risk factors of the nursing diagnosis of “risk for complicated immigration transition.”

Definition and risk factors

Label
Risk for complicated immigration transition
Definition
Susceptible to experiencing negative feelings (loneliness, fear, anxiety) in response to unsatisfactory consequences and cultural barriers to one's immigration transition, which may compromise health
Risk factors
Available work below educational preparation
Cultural barriers in host country
Unsanitary housing
Insufficient knowledge about the process to access resources in the host country (legal, healthcare)
Insufficient social support in host country
Language barriers in host country
Multiple non-related persons within household
Overcrowded housing
Overt discrimination (housing, work, contracts, warranties)
Parent-child conflicts related to children enculturation in the host country.
Abusive landlords
At risk population
Forced migration (due to home country conditions, necessity of following a family member, family regrouping, etc.)
Hazardous work conditions with inadequate training
Illegal status in host country
Labour exploitation
Precarious economic situation (financial debts, unemployment...)
Separation from family in home country
Separation from friends in home country
Unfulfilled expectations of immigration

Conclusions

This report on the developmental process of establishing a new nursing diagnosis, risk for complicated immigration transition, shows that nurses do not offer the resources suitable for healthy coping throughout the immigration process. Instead, nurses become involved when nonhealthy responses to the immigration process are already in place. Taking into account all these considerations, and the fact that nursing activities are characterized by a therapeutic relationship with patients, the author proposes the new nursing diagnosis that describes the risk factors associated with the immigration process.

The inclusion of the new diagnosis risk for complicated immigration transition in the NANDA-I taxonomy would mean, firstly, a structural and institutional commitment toward cultural diversity and, secondly, a tacit acceptance of the role of nurses in addressing the challenges that immigration presents. According to Lunney (2008), diagnostic labels on human responses help nurses to consider and understand human experiences. Nurses think about different phenomena using words, which improves their ability to interpret data obtained through the senses, draw conclusions in accordance with results, and implement the required nursing interventions.

This new nursing diagnosis will reinforce the strategies for nursing interventions directed at both the identification of risk factors (identified in the nursing diagnosis) and the empowerment of immigrants to acquire and/or develop the resources necessary to cope with the immigration process.

Acknowledgments

The authors thank the editor and anonymous reviewers for their constructive and valuable comments, which helped the authors improve the manuscript. We would like to acknowledge Lynda Juall Carpenito for her contributions as a co-submitter of this nursing diagnosis to NANDA-I.

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