

NANDA-I nursing diagnoses for patients on hemodialysis: a scoping review

Diagnósticos de enfermagem NANDA-I para pacientes em hemodiálise: uma revisão del alcance

Diagnósticos de enfermagem da NANDA-I para pacientes em hemodiálise: revisão de escopo

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Abstract

The aim was to map the NANDA-I nursing diagnoses prevalent in patients with chronic kidney disease undergoing hemodialysis. This was a scoping review conducted using the JBI method, following the flowchart of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). Searches were performed in bibliographic and gray literature databases. There were no time or language restrictions. Twenty articles were identified, in which the nursing diagnoses prevalent in this population were mapped. Notable nursing diagnoses include: Ineffective protection, Risk for electrolyte imbalance, Impaired urinary elimination, Impaired physical mobility, Deficient knowledge, Risk for relocation stress syndrome, Anxiety, Fear, Risk for infection, Risk for shock, Impaired skin integrity, Risk for impaired skin integrity, Impaired tissue integrity, Risk for bleeding, Risk for vascular trauma, Risk for contamination, Risk for adverse reaction to iodinated contrast medium, Risk for allergic reaction, and Risk for hypothermia. Knowledge of nursing diagnoses prevalent in specific groups facilitates the development of a tailored care plan and enables the enhancement of the nursing process and the science of care.

Descriptors: Nursing Diagnosis; Nursing Process; Chronic Renal Insufficiency; Chronic Kidney Failure; Renal Dialysis.

Resumen

El objetivo fue mapear los diagnósticos de enfermería NANDA-I prevalentes en pacientes con enfermedad renal crónica sometidos a hemodiálisis. Se realizó una revisión del alcance utilizando el método JBI, siguiendo el diagrama de flujo PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews). Las búsquedas se realizaron en bases de datos de referencia y literatura gris. No hubo restricción temporal ni idiomática. Se identificaron veinte artículos, en los que se mapearon los diagnósticos de enfermería prevalentes en esta población. Los siguientes diagnósticos de enfermería destacan: Protección ineficaz, Riesgo de desequilibrio electrolítico, Eliminación urinaria alterada, Movilidad física alterada, Conocimiento deficiente, Riesgo de síndrome de estrés debido a cambios, Ansiedad, Miedo, Riesgo de infección, Riesgo de shock, Integridad cutánea alterada, Riesgo de integridad cutánea alterada, Integridad tisular alterada, Riesgo de hemorragia, Riesgo de trauma vascular, Riesgo de contaminación, Riesgo de reacción adversa al medio de contraste yodado, Riesgo de reacción alérgica y Riesgo de hipotermia. El conocimiento de los diagnósticos de enfermería más frecuentes en grupos específicos favorece el desarrollo de un plan de cuidados individualizado y permite la mejora del proceso de enfermería y de la ciencia del cuidado.

Descriptores: Diagnóstico de Enfermería; Proceso de Enfermería; Insuficiencia Renal Crónica; Fallo Renal Crónico; Diálisis Renal.

Resumo

Objetivou-se mapear os diagnósticos de enfermagem da NANDA-I prevalentes em pacientes renais crônicos submetidos à hemodiálise. Revisão de escopo conduzida pelo método JBI, seguindo o fluxograma do Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). As buscas foram realizadas nas bases de dados referenciais e de literatura cinzenta. Não houve recorte temporal ou idiomático. Foram identificados 20 artigos, nos quais foram mapeados os diagnósticos de enfermagem prevalentes nesta população. Destacam-se os diagnósticos de enfermagem: Proteção ineficaz, Risco de desequilíbrio eletrolítico, Eliminação urinária prejudicada, Mobilidade física prejudicada, Conhecimento deficiente, Risco de síndrome do estresse por mudanças, Ansiedade, Medo, Risco de infecção, Risco de choque, Integridade da pele prejudicada, Risco de integridade da pele prejudicada, Integridade tissular prejudicada, Risco de sangramento, Risco de trauma vascular, Risco de contaminação, Risco de reação adversa ao meio de contraste iodado, Risco de reação alérgica e Risco de hipotermia. O conhecimento dos diagnósticos de enfermagem prevalentes em grupos específicos favorece a elaboração de um plano de cuidados peculiar e permite o aprimoramento do processo de enfermagem e da ciência do cuidado.

Descritores: Diagnóstico de Enfermagem; Processo de Enfermagem; Insuficiência Renal Crônica; Falência Renal Crônica; Diálise Renal.



Introduction

The World Health Organization aims to reduce premature deaths from chronic non-communicable diseases by up to one-third by 2030; achieving this requires an interdisciplinary effort. Chronic kidney disease (CKD) is considered a serious public health issue due to its high prevalence. It is estimated that more than 10% of the global population exhibits markers of kidney damage, establishing CKD as a major global public health problem¹. The 2024 dialysis census by the Brazilian Society of Nephrology puts the situation regarding chronic kidney disease and its impact on Brazil's healthcare system into perspective. The number of patients undergoing chronic dialysis rose exponentially from 46,577 in 2001 to 172,585 in 2024. Within this context, more than 94% are treated via hemodialysis (HD), while just over 5% undergo peritoneal dialysis (PD). Furthermore, estimates indicate that the number of patients on chronic dialysis is expected to continue rising in the coming years².

To care for these patients, dialysis centers must have a multidisciplinary team. Regarding nurses, and in accordance with current regulations, a single professional may be responsible for up to 35 patients per hemodialysis shift. It is worth noting that dialysis centers typically operate with three shifts per day³. For nurses to provide individualized and appropriate care to patients, it is necessary to use a method that organizes and directs nursing care. This method is known as the nursing process (NP).

COFEN Resolution No. 736/2024 presents the nursing process as a method that guides the nurse's critical thinking and clinical judgment in the care of individuals, families, communities, and special groups. This process must be carried out in a deliberative and systematic manner, organized into five interrelated, interdependent, recurring, and cyclical stages: Nursing Assessment, Nursing Diagnosis, Nursing Planning, Nursing Implementation, and Nursing Evaluation⁴.

The use of standardized language is recommended for the nursing diagnosis stage. The NANDA-I nursing diagnosis classification is widely recognized and disseminated globally and is extensively used in the Brazilian context. It is used to classify and categorize various areas of nursing interest. Its most current version, 2024–2026, contains 277 nursing diagnoses, grouped into 13 domains and 48 classes⁵.

Given the 277 diagnoses available in NANDA-I, the legal requirement to document the nursing process, and legislation mandating a ratio of 35 patients per nurse per dialysis shift, it is essential to consult the literature to improve the delivery of individualized care. Thus, this study aims to map the NANDA-I nursing diagnoses prevalent among patients with chronic kidney disease undergoing hemodialysis. The study seeks to facilitate the identification of diagnoses applicable to this population.

Methodology

This is a scoping review conducted according to the methodology proposed by JBI⁶ and guided by the flowchart of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-

The PCC (Population, Concept, and Context) acronym was used: P – adult patients with chronic kidney disease; C – prevalent NANDA-I nursing diagnoses; and C – hemodialysis. This led to the following research question: "What are the prevalent NANDA-I nursing diagnoses in patients with chronic kidney disease undergoing hemodialysis?" Inclusion criteria were studies involving patients over 18 years of age of both sexes and addressing hemodialysis as renal replacement therapy. Exclusion criteria were studies involving pregnant women, those addressing other standardized language systems, and those dealing with the care of patients with acute kidney injury.

The search was conducted in three stages with the support of a specialized librarian, following JBI guidelines⁶. In the first stage, terms were selected from controlled vocabularies: Health Sciences Descriptors (DeCS) via the Virtual Health Library Regional Portal, Medical Subject Headings (MeSH) via PubMed, and Emtree (Embase subject headings) from the Embase database (Elsevier). During this phase, a preliminary search was conducted in the PubMed database to broaden the scope of the terms considered, thereby contributing to the formulation of a final search strategy that ensured the comprehensiveness required for a scoping review.

The second stage involved applying the search strategy that had been previously defined and adapted according to the specifications of each database. For PubMed, the strategy used was ("Renal Dialysis"[mh] OR "Extracorporeal Dialyses"[tiab] OR "Extracorporeal Dialysis"[tiab] OR Hemodialyse*[tiab] OR Hemodialysis[tiab] OR "Renal Dialyses"[tiab] OR Dialyses[tiab] OR Dialysis[tiab] OR "extracorporeal blood cleansing"[tiab] OR hemorenodialysis[tiab] OR hemodialytic[tiab] OR "Renal Replacement Therapy"[Majr] OR "Renal Replacement Therapies"[tiab] OR "Kidney Replacement Therapies"[tiab] OR "Kidney Replacement Therapy"[tiab] OR "Renal Insufficiency, Chronic"[mh] OR "Chronic Kidney Disease"[tiab] OR "Chronic Kidney Diseases"[tiab] OR "Chronic Kidney Insufficiency"[tiab] OR "Chronic Renal Disease"[tiab] OR "Chronic Renal Diseases"[tiab] OR "Chronic Renal Insufficiencies"[tiab] OR "Chronic Renal Insufficiency"[tiab]) AND ("Nursing Diagnosis"[mh] OR "Nursing Diagnoses"[tiab] OR "Nanda International"[tiab] OR "Nanda-I"[tiab] OR "NANDA I"[tiab] OR NANDA[tiab] OR "North American nursing diagnosis association"[tiab] OR "NANDA classification"[tiab] OR "NANDA diagnoses"[tiab] OR "NANDA diagnosis"[tiab] OR "NANDA taxonomy"[tiab] OR "NANDA terminology"[tiab]).

There were no time or language restrictions. Searches were concluded on February 26, 2026, covering both bibliographic databases and gray literature sources available via the following information portals: Latin American and Caribbean Health Sciences Literature (LILACS), Spanish Bibliographic Index on Health Sciences (IBECS), Nursing

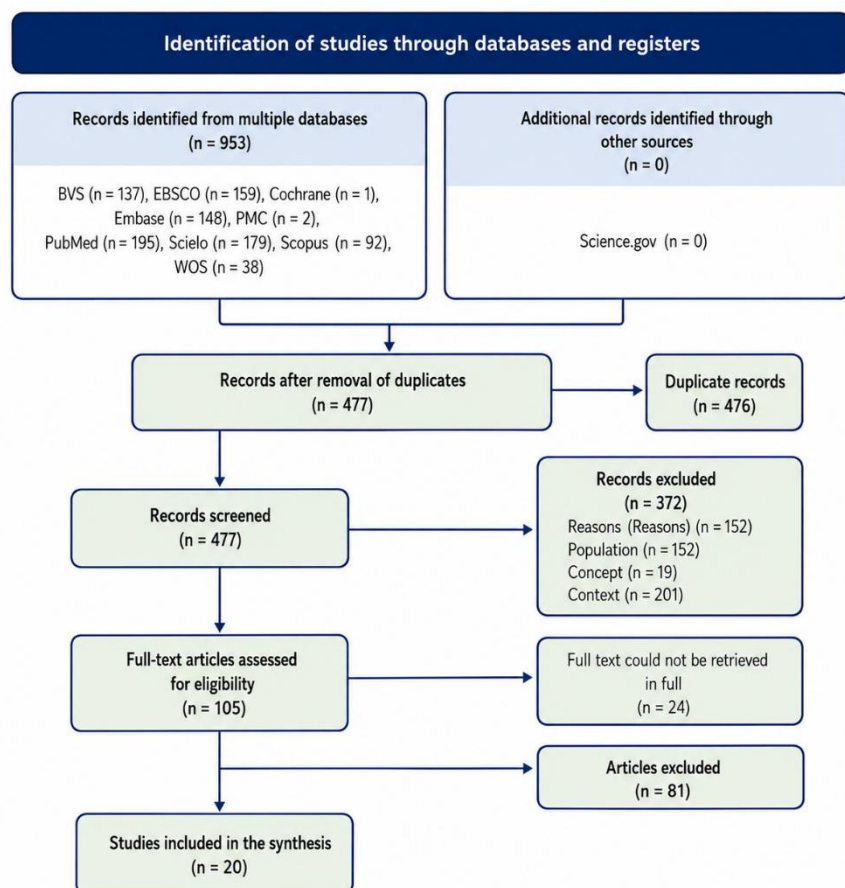


by the Qatar Computing Research Institute. Next, the titles and abstracts were read, and reasons for exclusion were documented based on the PCC acronym. The selected articles were then evaluated in full by two independent reviewers. There was no disagreement between them regarding the inclusion of the articles that made up the final sample. To track the retrieved documents, an Excel spreadsheet was created containing descriptive data on the studies and links generated via Rayyan.

Data extraction was performed using an Excel spreadsheet containing the following variables: author, year, title, country, method, data analysis technique, and results achieved. The study results were examined to identify NANDA-I nursing diagnoses in patients with chronic kidney disease undergoing hemodialysis. Nursing diagnoses present in more than 80% of the sample evaluated in the respective primary study were considered for inclusion in this review.

The PRISMA-ScR⁷ flowchart illustrates the complete bibliographic search and the process of selection and final inclusion of studies addressing NANDA-I taxonomy nursing diagnoses prevalent in chronic kidney disease patients undergoing hemodialysis.

Figure 1. Flow diagram of searches conducted for study selection in accordance with PRISMA-ScR⁷ guidelines. Niterói, RJ, Brazil, 2025



Results

Following the selection process, 20 articles addressing NANDA-I nursing diagnoses prevalent in chronic kidney disease patients undergoing hemodialysis were included in the synthesis of this review. Various nursing diagnoses were identified in the evaluated articles; to guide

the results of this study, only those presenting nursing diagnoses with an occurrence rate of $\geq 80\%$ relative to each study's total sample were included (Chart 1).

Chart 2 presents a summary of the articles that identified prevalent nursing diagnoses in patients with chronic kidney disease undergoing hemodialysis.

Chart 1. NANDA-I nursing diagnoses, as structured in the 12th edition⁹, prevalent in chronic kidney disease patients undergoing hemodialysis with a frequency $\geq 80\%$ relative to the total sample of each study. Niterói, RJ, Brazil, 2025

Nursing diagnoses cited with a frequency of $\geq 80\%$ relative to the total sample of each study and their respective references	
Domain 1 - Health Promotion	Sedentary lifestyle ^{10,11}
	Ineffective protection ¹²⁻¹⁷
	Ineffective health self-management ¹⁸
	Risk-prone health behavior ¹⁹
Domain 2 - Nutrition	Imbalanced nutrition: less than body requirements ^{10,19}
	Risk of electrolyte imbalance ^{12,19-22}
	Excessive fluid volume ^{11,19,21-25}
	Risk of unstable blood glucose ¹⁹
	Risk of unbalanced fluid volume ¹⁹
Domain 3 - Elimination and Exchange	Impaired urinary elimination ^{12,22}
Domain 4 - Activity and Rest	Insomnia ¹⁶
	Impaired physical mobility ^{13,22}
	Decreased activity tolerance ¹⁰
	Fatigue ^{11,24}
	Risk of impaired cardiovascular function ¹²
	Risk for decreased cardiac tissue perfusion ¹⁹
Domain 5 - Perception/Cognition	Deficient knowledge ¹⁸
Domain 6 - Self-perception	Disposition for improved hope ¹⁶
Domain 7 - Roles and Relationships	Readiness for improved family processes ^{10,14}
	Impaired social interaction ^{10,14}
Domain 8 - Sexuality	Sexual dysfunction ¹⁴
Domain 9 - Coping/Stress Tolerance	Risk of relocation stress syndrome ¹³
	Anxiety ¹⁸
	Fear ¹⁸
	Disposition for improved resilience ¹⁰
Domain 10 - Life Principles	Improved disposition towards religiosity ¹⁰
Domain 11 - Safety and Protection	Risk of infection ^{10,12-19,22-24,26}
	Risk of electric shock ^{11,19}
	Impaired skin integrity ^{13,22}
	Risk for impaired skin integrity ¹³
	Impaired tissue integrity ¹³
	Bleeding risk ^{10,19,26}
	Risk of vascular trauma ^{12,13,18,20,27}
	Risk of infection ^{10,12-19,22-24,26}
	Fall risk in adults ²⁰
	Risk of contamination ²⁶
	Risk of adverse reaction to iodinated contrast medium ^{12,26}
	Risk of allergic reaction ^{19,26}
	Risk of hypothermia ²⁶
Domain 12 - Comfort	Compromised comfort ¹⁰
	Dor aguda ¹⁹
	Chronic pain ¹⁹

Chart 2. Articles presenting nursing diagnoses with high prevalence, rates of 80% to 100%, in the studied sample. Niterói, RJ, Brazil, 2025

Ref./ Year	Population	Nursing diagnoses in patients with chronic kidney disease undergoing hemodialysis
Ref.¹⁰ 2020	25 patients undergoing hemodialysis therapy.	Identified nursing diagnoses: Imbalanced nutrition: less than body requirements 84%; Sedentary lifestyle 96%; Activity intolerance 84%; Readiness for enhanced family processes 84%; Impaired social interaction 92%; Readiness for enhanced resilience 80%; Readiness for enhanced religiosity 92%; Risk for infection 96%; Impaired comfort 92%.
Ref.¹¹ 2012	40 elderly patients undergoing hemodialysis.	Eight nursing diagnoses were identified; Risk for shock and Risk for bleeding were present in 100% of the sample, while Sedentary lifestyle and Fatigue were present in 80%.
Ref.¹² 2018	151 individuals undergoing hemodialysis at a specialized nephrology clinic.	Seventeen nursing diagnoses were identified, notably the risk diagnoses present in 100% of the individuals: risk for electrolyte imbalance; risk for ineffective renal perfusion; risk for infection; risk for vascular trauma; adverse response to iodinated contrast medium; impaired urinary elimination; risk for ineffective gastrointestinal perfusion (89.4%); risk for impaired cardiovascular function (86.8%); and ineffective protection (80.8%).
Ref.¹³ 2013	16 patients undergoing hemodialysis using a	Of the 21 nursing diagnoses identified, 9 were present in 100% of the patients: Risk for ineffective renal perfusion; Impaired physical mobility; Risk for relocation stress syndrome;

	tunneled cuffed catheter.	Risk for infection; Risk for impaired skin integrity; Impaired skin integrity; Impaired tissue integrity; Ineffective protection; and Risk for vascular trauma.
Ref. ¹⁵ 2010	31 patients starting hemodialysis treatment.	The prevalent nursing diagnoses were: Ineffective renal tissue perfusion (100.0%), Risk for infection (100.0%), and Ineffective protection (80.6%).
Ref. ¹⁶ 2009	30 individuals from a private hemodialysis clinic.	Identified nursing diagnoses: Ineffective protection and Risk for infection in 100% of the sample; Effective management of therapeutic regimen (83.3%); Insomnia (83.3%); Readiness for enhanced management of therapeutic regimen (80.0%); Readiness for enhanced hope (80.0%).
Ref. ¹⁷ 2007	20 patients from a nephrology clinic.	The use of the Conceptual System proposed by King enabled the identification of the nursing diagnoses "Risk for infection" and "Ineffective protection" in 100% of the sample.
Ref. ¹⁸ 2019	8 patients who started dialysis for the first time after CVC insertion.	Nursing diagnoses identified in 100% of the sample: Deficient knowledge; Anxiety; Fear; Risk for infection; Risk for vascular trauma.
Ref. ¹⁹ 2016	42 adult patients on hemodialysis.	The potential diagnoses were Risk for infection, Electrolyte imbalance, and Vascular trauma, present in all 42 patients. Anxiety was identified in 30 patients.
Ref. ²¹ 2015	50 patients selected by convenience, consecutively.	Among the nursing diagnoses in the Hydration class, the one that showed a 100% prevalence in the sample studied was Risk for electrolyte imbalance, followed by Excess fluid volume (90%).
Ref. ²² 2014	50 patients on hemodialysis.	Documented nursing diagnoses: Risk for electrolyte imbalance, Impaired urinary elimination, Impaired physical mobility, Risk for ineffective renal perfusion, Risk for infection, and Impaired skin integrity were present in 100% of the sample; and Excess fluid volume was present in 84%.
Ref. ²³ 2015	178 patients from a dialysis clinic.	Twenty-four nursing diagnoses were identified; of these, Risk for infection was present in 100% of the sample, and Excess fluid volume in 99.4%.
Ref. ²⁵ 2017	25 patients undergoing hemodialysis.	Five "risk" nursing diagnoses present in 100% of the sample were identified: Risk for infection, Risk for bleeding, Risk for contamination, Risk for allergic response, and Risk for hypothermia.
Ref. ²⁷ 2014	42 people on hemodialysis.	The potential nursing diagnoses assigned were Risk for infection, Risk for electrolyte imbalance, and Risk for vascular trauma, present in 100% of the medical records.

Discussion

Among the nursing diagnoses cited, those that appeared with 100% frequency across the total sample of each study were: Ineffective protection, Risk for electrolyte imbalance, Impaired urinary elimination, Impaired physical mobility, Deficient knowledge, Risk for relocation stress syndrome, Anxiety, Fear, Risk for infection, Risk for shock, Impaired skin integrity, Risk for impaired skin integrity, Impaired tissue integrity, Risk for bleeding, Risk for vascular trauma, Risk for contamination, Risk for adverse reaction to iodinated contrast medium, Risk for allergic reaction, and Risk for hypothermia. These findings highlight the magnitude of the risks faced by patients undergoing hemodialysis. Given the nature of the classification system, scientific language is understood as a dynamic process; with each new edition of the NANDA-I classification, diagnoses may be removed, modified, or added to the terminology. Based on this premise, it was observed that some of the nursing diagnoses cited in this study were removed or had their titles altered in the 13th edition of NANDA-I⁵.

Of these diagnoses, 7 had their titles changed and 3 were removed from the taxonomy in the 13th edition of NANDA-I, as described below: Ineffective protection, title changed to Impaired immune response (in addition to the title change, the domain shifted from Domain 1, Health promotion, to Domain 11, Safety/protection); Risk for electrolyte imbalance, changed to Risk for impaired fluid and electrolyte balance; Deficient knowledge, changed to Inadequate health knowledge; Anxiety, changed to Excessive anxiety; Fear, changed to Excessive fear; Risk for bleeding, changed to Risk for excessive bleeding; Risk for hypothermia,

changed to Risk for decreased body temperature. Risk for relocation stress syndrome, Risk for vascular trauma, and Risk for adverse reaction to iodinated contrast media were removed from the classification⁵.

It is noteworthy that, among the NANDA-I nursing diagnoses identified as prevalent in chronic kidney disease patients undergoing hemodialysis, four have already been the subject of some form of validation study: Ineffective health self-management, Readiness for enhanced hope, Ineffective protection, and Excess fluid volume²⁸.

Thus, the results of this scoping review revealed a high concentration of nursing diagnoses within the Safety/Protection and Nutrition domains of the NANDA-I taxonomy, with a marked predominance of diagnoses classified as "risk" diagnoses. It is observed that, among the studies synthesized in Chart 2, diagnoses such as Risk for infection, Risk for electrolyte imbalance, and Risk for vascular trauma were identified with a frequency of 100% across different care settings^{12,13,20,22,23,26,27}.

The recurrence of the "Risk for infection" diagnosis, present in virtually all the studies described and found in 100% of the sample in several investigations, underscores the vulnerability inherent in hemodialysis treatment. Patients undergoing hemodialysis are exposed to multiple punctures and permanent vascular access, factors that predispose them to bacteremia and serious infectious complications²⁹. This convergence among the studies suggests strong clinical consistency of the diagnosis, indicating that it is a condition structurally associated with patients undergoing hemodialysis therapy.

Similarly, the risk of electrolyte imbalance also showed a high prevalence across different samples, a

Rebouças TLL, Lins SMSB, Pereira SK, Paula MCSM, Assad LG, Campos TS clinical protocols, and the enhancement of the nursing process. Treatment for individuals with kidney disease must be individualized; this requires viewing the person as a holistic being seeking harmony and balance. In this context, knowledge regarding the nursing diagnoses prevalent among chronic kidney disease patients undergoing hemodialysis is of considerable importance, as it facilitates the implementation of the nursing process through the development of an accurate therapeutic plan and the execution of necessary interventions to achieve expected nursing outcomes, thereby contributing to improved quality of care³⁰.

The limitation of this study is that the research included only patients with chronic kidney disease undergoing hemodialysis; consequently, the results cannot be extrapolated to other modalities of renal replacement therapy. Furthermore, the studies employed diverse methodologies, making it impossible to compare the obtained results. Studies of this nature provide insight into the nursing diagnoses prevalent in specific populations and foster best practices, enabling nursing care that addresses patients' priority needs.

Conclusion

This scoping review identified NANDA-I nursing diagnoses prevalent among patients with chronic kidney disease undergoing hemodialysis, with a predominance in the Safety/Protection and Nutrition domains, alongside significant needs in the Coping/Stress Tolerance and Roles and Relationships domains. A high concentration of risk diagnoses was observed, highlighting that nursing care in this context is primarily preventive and focused on continuous clinical monitoring, without overlooking the psychosocial dimensions of the illness. The findings support the application of the nursing process in hemodialysis units, guiding diagnostic prioritization, protocol development, and the enhancement of nurses' clinical reasoning. The mapping performed contributes to accurate, evidence-based clinical decisions, strengthening the nursing process in the care of hemodialysis patients with chronic kidney disease and advancing the science of nephrology nursing care.

finding explained by the loss of residual renal function and the reliance on the dialysis procedure to maintain fluid and electrolyte homeostasis^{12,21,22,27}. The concomitant presence of the "Excess Fluid Volume" diagnosis, with prevalence rates exceeding 90%, highlights the strong pathophysiological interrelationship within the Nutrition/Hydration domain, requiring continuous monitoring, refined clinical interpretation, and early interventions from the nurse^{21,23}.

Analysis of the studies also demonstrates that specific contexts influence the diagnostic profile. Patients starting hemodialysis or undergoing central venous catheter insertion exhibited a higher frequency of diagnoses such as Anxiety, Fear, and Risk for relocation stress syndrome. This finding suggests that the initial phase of treatment represents a critical moment of emotional vulnerability, requiring educational interventions and structured psychosocial support^{13,18}.

Similarly, among the elderly, Risk for shock and Risk for bleeding stood out, alongside Sedentary lifestyle and Fatigue, indicating that aging associated with chronic kidney disease exacerbates cardiovascular risks and functional limitations¹¹.

Another relevant aspect is the predominance of risk diagnoses compared to problem-focused diagnoses. This finding may reflect both the clinical complexity of these patients and a tendency in primary studies to prioritize potential risks associated with the hemodialysis procedure.

The concentration of diagnoses within the Safety/Protection domain highlights that patient care in hemodialysis is strongly oriented toward the prevention of adverse events. However, diagnoses distributed across domains such as Coping/Stress Tolerance, Roles and Relationships, and Life Principles demonstrate that psychosocial and spiritual dimensions are also significantly impacted, even though they have been less explored quantitatively.

Thus, the mapping conducted made it possible to identify a core set of nursing diagnoses for chronic kidney disease patients undergoing hemodialysis, providing valuable insights for care planning, the organization of

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