

# Self-mutilation nursing diagnosis concept of analysis of the NANDA-I taxonomy

## Abstract

This study aimed to present a proposal for Concept Analysis Diagnostic Self-mutilation, identifying all possible uses of the concept. An additional phase concept analysis and review of the literature, which in this case was performed in an integrative manner. Various databases were used to perform the search delimiting the scope of the analysis through filters such as year of publication, language and relationship with the subject of research. Selected items that would be part of the review, work began on the analysis of data consisted of: identification of the synonyms used and the concept description in articles; identification of related factors in identifying and defining characteristics. The term "Self Harm/Deliberate self harm" had an effect in 42.9% of the studies, followed by "Non-self suicidal injury" (28.6%). The main factors related to the practice of self-harm found in the study were age, gender, race, presence or history of mental disorder, the presence or history of violence, abuse of alcohol, tobacco and other drugs, and various negative feelings. The analysis of data revealed the topography of self-mutilation low specificity studies. It is essential to clearly delineate the presence or not of suicidal intent in the concept of self-mutilation. A review of certain factors related that are outdated and the inclusion of new emerging in the literature is required. Clinical studies are important for the description of defining characteristics that are lagging in the literature. The main factors related to the practice of self-harm found in the study were age, gender, race, presence or history of mental disorder, the presence or history of violence, abuse of alcohol, tobacco and other drugs, and various negative feelings. The analysis of data revealed the topography of self-mutilation low specificity studies. It is essential to clearly delineate the presence or not of suicidal intent in the concept of self-mutilation. A review of certain factors related that are outdated and the inclusion of new emerging in the literature is required. Clinical studies are important for the description of defining characteristics that are lagging in the literature. The main factors related to the practice of self-harm found in the study were age, gender, race, presence or history of mental disorder, the presence or history of violence, abuse of alcohol, tobacco and other drugs, and various negative feelings. The analysis of data revealed the topography of self-mutilation low specificity studies. It is essential to clearly delineate the presence or not of suicidal intent in the concept of self-mutilation. A review of certain factors related that are outdated and the inclusion of new emerging in the literature is required. Clinical studies are important for the description of defining characteristics that are lagging in the literature. Presence or history of violence, abuse of alcohol, tobacco and other drugs, and various negative feelings. The analysis of data revealed the topography of self-mutilation low specificity studies. It is essential to clearly delineate the presence or not of suicidal intent in the concept of self-mutilation. A review of certain factors related that are outdated and the inclusion of new emerging in the literature is required. Clinical studies are important for the description of defining characteristics that are lagging in the literature. It is essential to clearly delineate the presence or not of suicidal intent in the concept of self-mutilation. A review of certain factors related that are outdated and the inclusion of new emerging in the literature is required. Clinical studies are important for the description of defining characteristics that are lagging in the literature. It is essential to clearly delineate the presence or not of suicidal intent in the concept of self-mutilation. A review of certain factors related that are outdated and the inclusion of new emerging in the literature is required. Clinical studies are important for the description of defining characteristics that are lagging in the literature. It is essential to clearly delineate the presence or not of suicidal intent in the concept of self-mutilation. A review of certain factors related that are outdated and the inclusion of new emerging in the literature is required. Clinical studies are important for the description of defining characteristics that are lagging in the literature.

**Keywords:** self-mutilation, classification, self-injurious behavior, nursing diagnosis, mental health, nursing standardized terminology

Volume 5 Issue 4 - 2018

**Isabella Cristina Fernandes Peixoto, Monica Chiodi Toscano, Daniella Soares Santos**  
Department of Nursing, University of Brasilia, Brazil

**Correspondence:** Isabella Cristina Fernandes Peixoto, Department of Nursing, University of Brasilia, Faculty of Medicine and Health Sciences, Brasilia, DF, 70910900, Brazil, Tel +55 61 31071702, Email bella.cris.fe@gmail.com

**Received:** July 31, 2018 | **Published:** August 29, 2018

## Introduction

Self-mutilation is a term that relates to the habit or the act of an individual to inflict harm himself. In the literature, self-mutilation appears independent or associated with suicidal intent, and other denominations will explain the presence or absence of ideation suicida.<sup>1</sup>

Self-mutilation is associated with some disorders such as Borderline Personality Disorder, Disorder Suicidal Behavior and excoriation Disorder (Skin-picking) according to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V),<sup>2</sup> being most recurrent in adolescents and young adults, people in disadvantaged psychosocial conditions, often associated with anxiety, substance abuse and injury of mental health such as depression and autismo.<sup>1,3</sup>

Although not necessarily linked to suicide, self-mutilation presents a risk characteristics and is very often practiced by people who commit suicide, also being a public health problem in many countries such as England, USA, Canada and the United Arab Emirates.<sup>3</sup> Studies indicate that the area between 13 and 60% of young adults and adolescents can perform self-mutilation depending on the locality where, whereas the global average is 18% of adolescents.<sup>4-6</sup>

Care for patients who practice self-injury is part of the nursing clinic. The evaluation of these patients is done through the Systematization of Nursing Assistance (SAE), appearing as Nursing Diagnosis (DE) in specific classification manuals profession.

The Nursing Diagnosis (ED) is defined as the clinical judgment of the nurse about human responses to certain health conditions or disease communities, families or individuals relating to real problems, or potential risks, and promotion of health, and of responsibility of nurses to identify and validate the health situations and disease with which it depara.<sup>7-9</sup> The DE is important to confer a homogeneous character to the terminology, the structuring of theoretical frameworks of practice Evidence Based and patient safety.

THE includes a taxonomy that unifies the language used by nurses to describe situations over which they operate, in addition to systematically characterize the evolution of the clinical status of individuals who are under their care and to define action strategies utilizadas.<sup>10,11</sup> THE It consists of parts essential to use, as a definition, defining characteristics and factors relacionados.<sup>9</sup>

The taxonomy created by NANDA-International (NANDA-I) is widely used throughout the world. The NANDA-I is an association that regulates of taxonomy created by this same organization, based since 2002, the inclusion or diagnostic review of methodological procedures with varying evidence.

For the preparation of a nursing diagnosis, nurses perform data collection and clinical judgment in order to formulate hypotheses or explanations regarding the response of their patients before a health situation/doença.<sup>7,9,11</sup>

The Federal Council of Nursing (COFEN) decided, through resolution 358/2009, on the practice of Systematization of Nursing Assistance (SAE) in the activities of nursing professionals and the DE as an inherent part of the nursing process.<sup>12</sup>

The diagnostic self-mutilation, interest of this study was included in the NANDA-I taxonomy in 2000 and has remained without

review or validation to date. This diagnosis does not have evidence of classification level (Level of evidence - LOE). According to the information in the guide itself, diagnostics that were entered before 2002 are targets for revisão.<sup>9,13,14</sup>

Thus, the importance of conducting an analysis of the concept of self-mutilation is by mixture of recurrence factors in clinical practice and the lack of clarity regarding the definition of the diagnosis of self-mutilation and their related factors and defining characteristics.

Health professionals tend to have a pessimistic view about people who self-injure. The clarification of the reporting diagnosis has the potential to positively change the look of professionals for these patients, and allows making plans more effective and strategic care for nursing practice based on evidence with patients automutilam.<sup>15-17</sup>

Considering the importance of the use of DE in clinical practice of nursing, especially in the field of mental health as a means of identification and insightful description of human responses and the possibility of implementing individualized and determined care plans, the present study was to aim to present a concept analysis of proposed diagnostic automutilação.<sup>15-18</sup>

## Methods

This study consisted of the analysis of the concept of self-mutilation held by integrative Review of the Literature (NIR). The RIL corresponds to the third stage of concept analysis methodology,<sup>19</sup> and was aimed at identifying all the possible uses of the concept to be analisado.<sup>11,20,21</sup>

This model is widely used in the analysis of research concepts into nursing because it is simple and easy to apply, without disregarding its traditional character and rigor científico.<sup>21,22</sup> Its effectiveness is to enable the distinction between defining attributes of a concept and its attributes irrelevantes.<sup>11,21</sup>

That concept analysis is organized into eight stages which are interconnected and complementary. In this study were conducted only the first three steps, namely:<sup>19,21</sup>

- a. Concept Selection.
- b. Determination of conceptual analysis objectives.
- c. Identification of possible concepts of uses.

To perform the RIL proceeded to a systematic search in digital libraries - Scientific Electronic Library Online (SciELO), Bank of Theses and Dissertations of CAPES and Bibliographic Data Bank of USP (DEDALUS)-and in electronic databases: Base Nursing data (BDENF) Bibliographic Index Español en Ciencias de la Salud (IBECS)and Cochrane. They were also used to PubMed and Virtual Health Library (VHL) as search portals.

Terms used in the search were checked in the Descriptors in Health Sciences (DeCS) and Medical Subject Headings (MeSH). For searches were used to self mutilation descriptors, self-injurious behavior, conduct self-destructive, self-mutilation, automutilación, self-mutilation and SIB. Digital library SCIELO the self-mutilation or self-destructive behavior descriptors not Syndrome Lesch-Nyhan were used.

The inclusion of articles in the study was conducted considering the self-mutilation MeSH definition and the definition of the diagnostic

self-mutilation NANDA-I, under which it is a self-inflicted damage without the self-extermination of view. Then began the process of selection and inclusion of articles in the study, first by reading the title and abstract of all articles identified in the search.

After this initial evaluation, a more careful selection was done through the application of the following inclusion criteria: treat yourself to a scientific paper, dissertation or thesis; was published in the period from 2005 to 2017, was published in Portuguese, English, Spanish and/or French and be fully available.

Once selected the items that would be part of the review, work began on the analysis of data consisted of: identification of the synonyms used and the concept description in articles; Identifying factors related studies mentioned and identification of the defining characteristics apresentadas by the authors when referring to self-harm.

## Results

### Selection process of the studies that were part of the integrative literature review

After extensive literature search, they found 1384 articles that met the descriptors and filters used in all bases and search platforms. Of these, after having read the titles and abstracts were selected items 591, and 449 PUBMED studies, publications VHL 97, 13 of IBECS 15 of Capes, eight SCIELO DEDALUS three, four and two CHOCHRANE BDENF. Of these, 71 were excluded from studies were repeated in the database, leaving 520 for reading the entire study. After reading in full, 170 studies did not include the purpose of the work and were excluded. Thus, the sample included in this review studies was 350. Figure 1 shows the process of selection of studies that were part of the review.

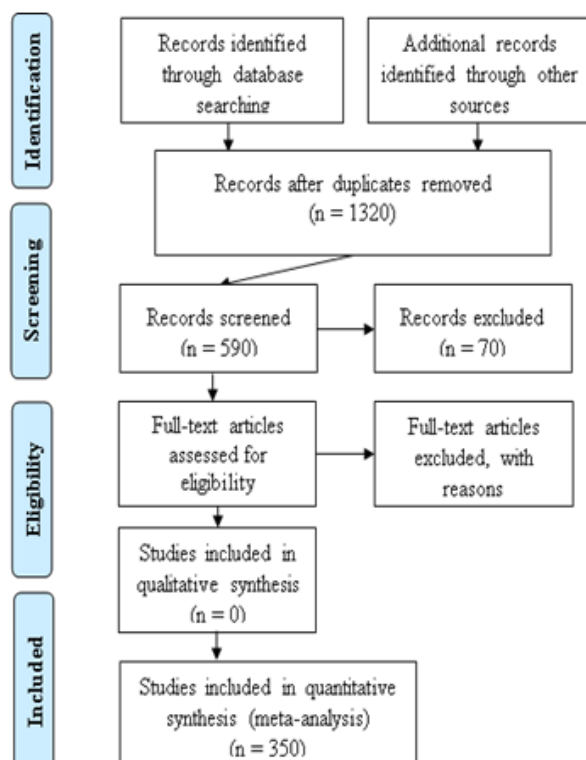


Figure 1 selection process of the studies that were part of RIL.

### Results found after inclusion of suitable articles

Regarding the geography of publications, a higher concentration was noted in the Northern Hemisphere, especially the United States with 197 studies, Britain with 91 publications, 33 in Brazil and 15 in Canada. The Asian continent has significant production in the literature as well as the Middle East region, but individually the amount is not significant weight to the study in question.

Mainly the publications were made in English (91.5%), the rest were found more articles in Portuguese than Spanish (6.4% and 2.1% respectively). No articles were found in the French language which fitted the criteria for inclusion.

Most of the studies were published between the years 2014 and 2016. A fact that drew attention was the low number of publications in the year 2017, where the amount of published studies is less than the production of about a decade ago, 2008, in which it has more than twice as many publications, 10:26 respectively.

Found a wide variety of denominations to self-mutilation among them: self-directed violence, parasiticide, suicidal self mutilation none (NSSI), self harm (SH), self injury (SI), self injurious behavior (SIB), liberate self harm (DSH), and the most varied terms are in English language. It was noted that there is a differentiation between the language used in the English language, where there are broader terms that make the inclusion of the act of an individual cause injury accompanied or not of suicidal intent.

As can be seen in Figure 2, the denomination was increased incidence of self harm expression / deliberate self harm found in 42.9% of the studies. Secondly, it was found non-suicidal self injury, accounting for 28.6% of uses. These classifications have a very high specificity to self-mutilation, allowing studies to impart a direction to self-injury without suicidal intent.

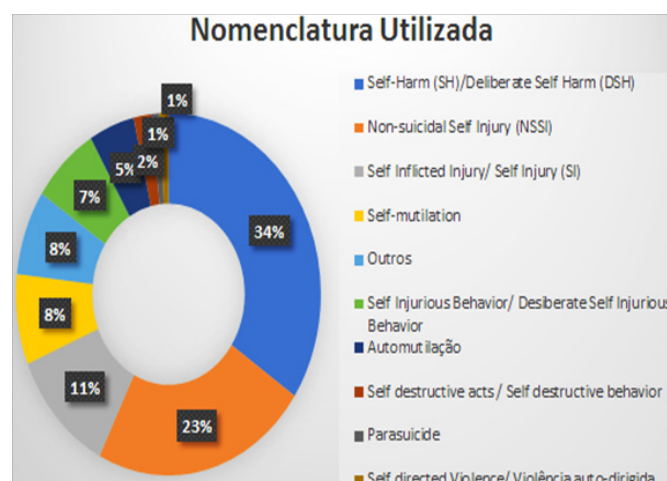
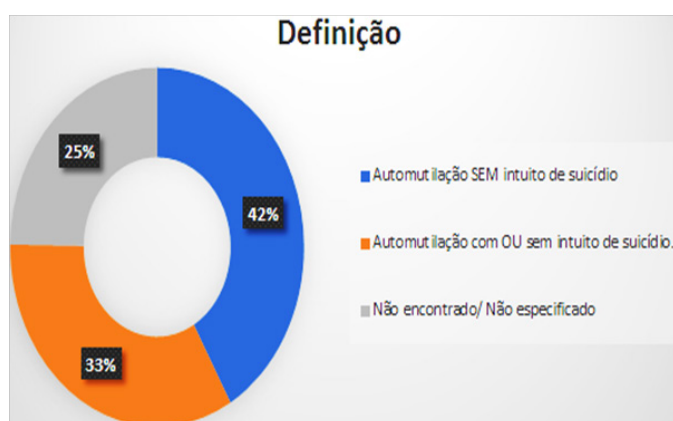


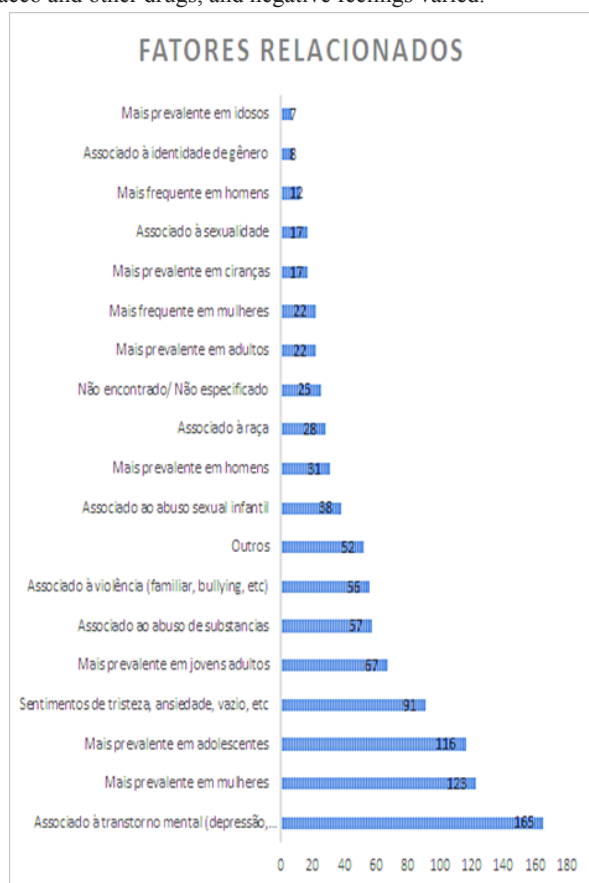
Figure 2 Percentage of nomenclatures for self-harm used in the studies included in RIL.

Regarding the meaning of concepts, 41.7% of the studies address the self-injury without suicidal intent. The term is also used interchangeably, and may be gradations of suicide intention or not conscious intention, representing 33.5% of total studies. In 24.8% of the studies there was no reference to the intention specification (Figure 3).



**Figure 3** Percentage of the definitions used for self-mutilation in RIL.

The main factors related to the practice of self-harm found in studies are in Figure 4 and are age, gender, race, presence or history of mental disorder, the presence or history of violence, abuse of alcohol, tobacco and other drugs, and negative feelings varied.



**Figure 4** Chart of the number of articles that related factors influence.

Most studies have reported correlation between self-injury and the presence of mental disorders: borderline personality disorder, various depressive disorders, eating disorders, schizophrenia, psychosis, obsessive compulsive disorder, among others. This association was mentioned in 47.3% of the studies.

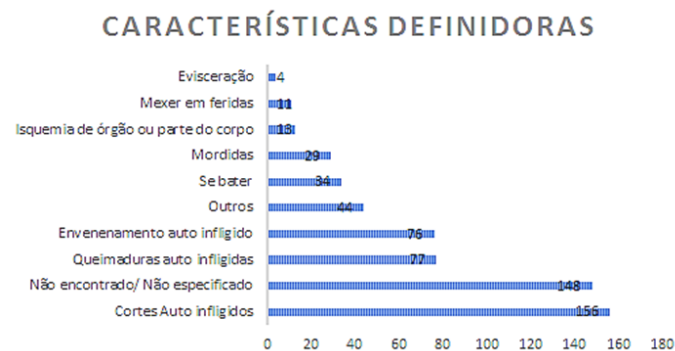
Regarding gender, 35.2% of the studies claim that self-injury is more prevalent in females. However, according to the authors, once

initiated the practice of self-harm, the frequency may be more recurrent in males (3.4%) and females (6.3%), and the positions diverge. They found few studies addressing the frequency of comparative form between sexes.

Age was also presented homogeneously, and teenagers are appointed in most polls as the population with a higher prevalence of self-harm (33.2%), followed by young adults (19.2%). Alcohol abuse, tobacco and other drugs, described as substance abuse, accounted for 16.3% of the related factors mentioned in the studies.

Various forms of violence, among them bullying, family violence, school, sexual or moral abuse, excessive charge parents and perfectionism were cited. The sum of all these forms of violence corresponds to 9.9% of the themes present in the polls. Gender and sexuality had low recurrence among studies, representing only 2.6% of related factors found. The variable other (14.9%) encompasses familial factors, environmental, social and / or economic, and various organic genetic.

The analysis of data on the topography of self-mutilation has shown low specificity of this information from the authors. In 42.8% of the studies this information was absent. The cutting (self-inflicted cuts) was cited in 45.1% of searches. In 22.3% of the studies is described self-inflicted burn, and 22% was quoted poisoning, comprising overdose substances and ingestion of toxic products (Figure 5).



**Figure 5** Graph containing the quantity of items that affect the defining characteristics.

The variable other (7.4%) also included self-reinforcement practices and ingestion or insertion of objects into body orifices or beneath the nails.

## Discussion

The search for improvement of nursing practice in the mental health area is a subject of great concern in science, which could be observed by the large amount of publications found, even if not all articles have contemplated the inclusion criteria of this study. Still, considering the amount of studies that were included in RI, it was possible to infer that self-injury is a topic of interest and increasingly frequent debate over the past few years from north to south of the globe. In many places self-mutilation is considered a public health problem as a risk factor for suicide and as a major source of spending on emergency care/emergency and hospitalization.<sup>23-26</sup>

It was noted that the vast majority of publications focused on the Northern Hemisphere, especially the United States and Britain, as well as most were published in English (91.5%). This fact draws attention because one must question the biases contained in studies



of populations in political/socioeconomic and racial conditions significantly different from the Hispanic demographic. This result serves as a basis to justify the need to step up production in the Southern Hemisphere, with realities that are consistent to their own experiences of the subjects who inhabit it.

In analyzing the names used by the authors to refer to self-mutilation, a variety found, and the vast majority of these terms were in English. This variety has a positive potential, since it favours the explanation of the unique characteristics of the acts, as the term non-suicidal self injury (NSSI), where there is direct correlation to the lack of suicidal intent. On the other hand, the use of more specific terminology, such as self injurious behavior or self harm may promote confusion and hinder the identification of problems and implementation of adequados.<sup>11,27</sup>

In most studies have used the terms self harm (SH) and deliberate self harm (DSH) showed the presence of self-mutilation without suicidal intent. However, it was also found in publications that was used SH and DSH to refer to suicide attempts. Mostly, the studies published in English that specify the absence of suicidal intent on self-harm used the term NSSI. The standardization of the meanings of diagnostic labels is essential for cases where there is an attempt or even suicidal ideation can be identified and treated.

In studies in Portuguese, the use of the term self-mutilation not allowed to distinguish the absence of suicidal intent, although the diagnostic label such a distinction. In these studies, the definition of self-mutilation was subjected to theoretical argument of the authors. Yet due to errors in translation or interpretation of texts published in the English language, words such as scarification were translated as synonyms of self-mutilation or NSSI.<sup>28-31</sup>

The term scarification is inappropriate to be used as synonyms for self-harm due to the wide range of practices encompassed. The scarification practices are focused on tissues such as skin or cuts drawings, conducted through tissue damage and cultural practices may represent unrelated to self-mutilation. The scarification, when viewed under the cultural perspective are still allowed socially, are accepted, which unconfigures scarification as NSSI.<sup>32-34</sup>

The self-mutilation, regardless of the author's inclination to suicide and NSSI include acts of cutting, self-produced cuts, but also autoenvenenamento, self-inflicted burns, hitting (the individual himself is hit or hit against something), ischemia of body parts or whole organs, bites and autossufocamento.<sup>35,36</sup> These practices include changes or destruction of the body socially not form sancionada.<sup>23,33,34,37</sup>

Some studies have suggested that there is a wide spectrum between the suicide attempt (self-mutilation with suicidal intent) and non-suicidal self-injury. That makes these studies adopt the posture of self-mutilation with variations more or less suicidal intent, not taking settings as NSSI, where the suicidal intention is completely suprimido.<sup>38</sup>

Definitions no intention rigid tend to recognize the association between strong and self-mutilation such suicide with great predominance studies. These forms of characterization reject bipolar dichotomy of presence or absence of suicidal intent, and take a dimensional approach that factors such as not conscious intentions are weighted together with the fluidity of the motivations of self-mutilation.<sup>5,38</sup>

Some studies show the practices of piercings and tattoos as belonging to self-mutilation practices, especially in studies related to the psychoanalytic field. These publications were accompanied by terms or self-mutilation automutilación mostly. It is presented by psychoanalytic research the great possibility of significant which may take the piercing practices, tattoos and even body modification surgeries.

By classical authors such as Le Breton that communicates with anthropology, reading these behaviors is performed by a cultural perspective and space-time, migrating from other generations to generations and marginalized spaces to public spaces. Because of the breadth of individual meanings, cultural character and even ancient practices of body markings with piercings and tattoos, psychoanalytic literature brings the counterpart to take these practices as psychopathological disorders as insufficient and inadequate for the explanation of the phenomenon.<sup>30,32</sup>

An example of this tendency to pathologizing could be seen in recent studies that address DSM-V as the theoretical framework and put forward the fact that this manual proposes in its latest issue that is researched the feasibility of setting up a disorder related only to the practice of self-mutilation, theoretically called NSSI Disorder. This proposition comes the need to understand the phenomenon of self-mutilation on individuals who do not have other disorders in which it is embedded in the DSM-V, such as Borderline Personality Disorder or Skin Picking Disorder.

With regard to related factors, although there were some disagreements about some factors, sex and the presence of mental disorder (of the individual or a family member) have been widely cited in the autores.<sup>25,36,39</sup>

Although no consensus on the female be the higher prevalence of self-harm (35.2%), we found an interesting debate related to the first accession to self-harm and the frequency difference found between the sexes, once started the practice. In these studies, women showed greater adherence to practice, though less frequently, while the male smaller membership, but most frequência.<sup>39</sup>

Have mental disorders appear in 47.3% of the publications, and for this factor was not found disagreement between the authors that point. A variety of disorders related to self-harm permeates mood disorders such as depression, borderline personality disorder and psychotic disorders.

It is important to present yet that mental disorders were closely correlated with a number of other factors, eg violence, sexual abuse, low self-esteem, substance abuse and distortion of body image. This feature offers both North important for health care strategies as provides data that are often confused with self-mutilation such as child sexual abuse, as this is closely linked to disorders, not necessarily to self-harm.

A study where there is no differentiation of the care can confuse both variables, promoting erroneous readings. Put the massive presence of mental disorders in subjects who self-injure, it is necessary to rethink the clinical practice of nursing and the shares offered for intervention under an interdisciplinary perspective, so there is coordination with professionals who are also qualified to work with pain issues and disorders psychic in different forms of action, such as psychology and psychiatry.

Another recurring since it did not divergence was the age group of self-mutilation practitioners, corresponding mainly to teenagers and representing 33.2% of the studies. This fact was massively associated with typical transitions to the period of adolescence, search for identity-building, self-esteem and conflict situations. The early adolescence was presented as the biggest risk period to the practical initiation. Young adults appeared in 19.7% of the studies. The early adulthood was related to the maintenance and perpetuation of cases initiated previously, mostly in adolescência.<sup>24,26,32</sup>

It is important that such factors are expressly marked, in view of the need to identify them in adolescents, and promote a comprehensive care, perpetuating monitoring until they reach adulthood, since the self-mutilation to show a recurring habit of the fans. It is emphasized that this factor should be kept in evidence during personal case histories and historical subjects under care, as they have history autolesivas.<sup>27</sup>

The self-mutilation was also associated with the abuse of alcohol, tobacco and other drugs in 16.3% of the studies. Substance abuse related to the increase of mental disorders, as has been said, it also acts as a risk factor for self-harm practices. In understanding of these two variables can again realize the inter-relational character and multivariate that takes self-mutilation in their motivational basis. It was also found that studies addressed the use of psychoactive substances in quantities exacerbated as autoenvenenamento.<sup>40,41</sup>

Negative feelings were cited by 26.1% of the studies, including guilt, fear, anxiety, stress, sadness, feelings of emptiness and insecurity. Such variables have largely subjective nature and can be configured hard to read if there is no specific scientific rigor, as the use of validated tests and questionnaires.

The importance of these variables for this study is that self-injury can act as a regulatory mechanism of these emotions, promoting relief or even feelings of pleasure in the act and later guilt and shame. Self-mutilation can still act as a control mechanism of these feelings, symptoms and pain, and come to confer sense of relief through domínio.<sup>23,42</sup>

It is suggested that further studies be conducted in order to investigate in the context of nursing science the phenomenon self-mutilation, as well as build theoretical frameworks appropriate treatment to cases where there is the presence of the same. This order does not contradict the inter-and multidisciplinary perspective of mental health care, but stimulates the ownership of nursing actions in care and terapêuticos.<sup>43</sup>

On child sexual abuse as a risk factor for self-harm, studies have shown divergent perspectives. A position that appeared more than once argued that child sexual abuse may increase the predisposition to mental disorders or situations of mental distress, and these, rather, act as self-mutilation of the thrusters. Another position that emerged was the correlation of sexual abuse not specified in terms of age and the increase in the statistics of participant's automutilação.<sup>44</sup>

Regarding socioeconomic factors, some studies have found that suicidal behavior index nonfatal increases proportionately with the degree of fragmentation or social vulnerability and socio-economic needs. Although few studies have addressed the race issue (8%) as a risk factor for self-mutilation, belong to non-white races was regarded as susceptibility factor to self-harm practices.

It is important to note that the vast majority of studies come from the country's northern hemisphere, in the case of a predominantly white population, the other races are in socio-political minorities. It would be necessary to conduct population studies in the Southern Hemisphere, in order to better understand the interaction between race and self-mutilation, and even among the socioeconomic factors of populations where there are hodgepodge of races and this population is characterized as majoritária.<sup>45,46</sup>

By analyzing data on defining characteristics, one of the main findings of this research was the lack of specific descriptions of the acts that were being classified as self-mutilation. This pattern was repeated in 25% of published studies, hampering identification of the most common forms and also the sites in most common body in the practice of self-mutilation. Some have used severity scales of injuries,<sup>26,47,48</sup> at the expense of individual characterization, focusing on information about the extent of injuries to the detriment of their shape and location.

These data are particularly important for nursing due to the possible identification of the pattern of behavior for team coordination in order to make positive interventions for individuals involved in this condition of suffering psíquico.<sup>35</sup>

Thus, it was found that studies showed more clearly define the features that most forms of self-mutilation were conducted clinical trials. In these, 45.5% of subjects had greater self-inflicted cuts as the election mechanism, followed by self-inflicted burns (22.3%) and then by autoenvenenamento (22%).

Importantly, as the prevalence of self-mutilation showed differences according to the region that showed the study. An example is the massive prevalence of autoenvenenamento in the United Kingdom, Australia and Sri Lanka, but its recurrence is almost nil in Brazil. It was found that the differences between the selected methods are based on multivariate factors, for example the self-poisoning by pesticides in Sri Lanka is the most common form of self-harm due to the rural characteristics of the population, the low cost of pesticides and the possibility of estocamento.<sup>15,49</sup>

The form of self-injury also varies according to the sex of the person performing it. The most recurrent form among women were self-inflicted cuts and, although no consensus on the most prevalent form among males, beat himself was a variable with significant recorrência.<sup>50</sup>

This data gives information on how to election between females and can be read in many ways, as the desire to hide the self-mutilation or not, the search for sense of pleasure/pain, the presence or absence of aggressiveness or violence related to self-harm as well as other related factors such as impulsividade.<sup>42,51</sup>

Still on the data from the different ways of automutilar, it is important to note that there are biases related to terminology and language used and the form of automutilar up. Some literature addressing self-injury just as the act of cutting, other address as self-harm or autoenvenenamento autoinfligidos.<sup>1</sup>

Based on these data, we suggest that, as the definition of the diagnostic self-mutilation, is carried out a clear delineation for the presence or not of suicidal intent, possibly by creating suitable terms may encompass the practice of self-mutilation alone Suicide. This

clear perception is of utmost importance to the clinical practice of nursing to develop the nursing process and implement individualized care plans.

With regard to related factors, this review found homogeneity compared to the most vulnerable groups, namely, women and adolescents. This finding is also of great importance to the clinical experience of nursing professionals in dealing with people in mental distress situation and to present those vulnerabilities.

It is also suggested that factors such as non-white races, non-heterosexual sexualities, try to feel pleasure, contagion factor and searches related to the topic on the Internet are included in the taxonomy as they appear in important ways in the literature. It is also suggested that the related factors (failure pattern to see long-term consequences, feel threatened with the loss of meaningful relationships, growing intolerable tension, character disorder, use of manipulation to get support relationship with others, surgery childhood, erratic behavior, sexual identity crisis and live in non-traditional location, for example, foster home, group or institution) are withdrawn due to lack of scientific evidence demonstrated through this RIL.

As for defining characteristics, it is suggested that more clinical character of research is carried out in order to increase the bank of evidence related to the types and more frequent sites of self-mutilation. The body of literature used in this study has a great gap with respect to such subject matter and this topic is extremely important for the clinical identification of nursing.

## Conclusion

We held a RIL in order to perform an analysis of the concept of self-mutilation. The importance of this analysis is based on the possibility of improving the identification of actual cases of self-harm and thus promote the implementation of individualized care plans and determined.

It identified a great interest on the subject in the Northern Hemisphere, where the self-mutilation is sighted as a public health problem. There are also in the international literature conflicts arising from the number of terms used to refer to self-harm and basic intentions of this.

The main term used interchangeably with self-mutilation, and defining the character of the absence of a suicide attempt was non-suicidal self injury, and other terms appear with extensive recurrence, but do little distinction between suicidal intent or not.

The main factors were found associations with mental disorders such as depression, Borderline Personality Disorder, eating disorders, among others. Also found a significant predominance of women in self-mutilation practices and during adolescence. Negative feelings such as sadness, anxiety and guilt also had high correlation with recurrence and adherence to self-harm.

Few studies have described the shape and location of lesions in the body, which means that there is a need for greater production methodologies clinical studies where such characteristics can be measured. Information on the fundamental characteristics of self-injury are central to the work of nursing because of its role in the identification and formulation of diagnoses.

Based on this RIL, it is suggested that the inclusions are considered

new related factors that were important appearances in the reviewed studies to be reviewed and removed the factors that prove obsolete, unsupported of scientific production.

Although this research has been carried out with the greatest possible number of studies available in the most important scientific databases and in different languages, it is recognized a limitation related to its descriptive character. Clinical studies and design to allow correlation analysis are needed in order that the variables identified can be better studied.

## Funding details

There was support in the funding for this research.

## Acknowledgments

None.

## Conflict of interest

Authors declare that there is no conflict of interest.

## References

1. Geulayov G, Kapur N, Turnbull P, et al. Epidemiology and trends in non-fatal self-harm in three centers in England, 2000-2012: findings from the multicentre study of self-harm in England. *BMJ Open*. 2016;6(4):1-8.
2. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders: DSM-5*. 5th ed. Artmed, Canada: Porto Alegre; 2014.
3. Hawton K, Witt KG, Taylor Salisbury TL, et al. Interventions for self-harm in children and adolescents. *Cochrane Database Syst Rev*. 2015;12.
4. Cullen KR, Westland BA Lariviere LL, et al. An adolescent nonsuicidal with self-injury: the case of neurobiological and discussion research on emotion regulation. *Am J Psychiatry*. 2013;170(8):828-831.
5. Lockwood J, Daley D, Townsend E, et al. Impulsivity and self-harm in adolescence: a systematic review. *Eur Child Adolesc Psychiatry*. 2017;26(4):387-402.
6. Victor SE, Glenn CRG, Klonsky ED. Is non-suicidal self-injury an "addiction"? A comparison of craving in substance use and non-suicidal self-injury. *Psychiatry Res*. 2012;197(1-2):73-77.
7. González-Rodríguez R, Martelo-Baro MLÁ, Bas-Sarmiento P. Diagnostic labels of NANDA-I in the region of southern Spain. *Rev Lat Am Enfermagem*. 2017;25:1-8.
8. Maciel Diniz C, de Lima Ferreira G, Cavalcante Martins M. Nursing diagnoses associated with the national policy for health promotion. *Invest Educ Enferm*. 2017;35(1):78-85.
9. Herdman TH, Kamitsuru S. *Nursing diagnoses: definitions & classification 2015-2017*. 10th ed. Hoboken: John Wiley & Sons Ltd; 2014:512.
10. Santos DS, Mazoni SR, Carvalho EC. Nanda's taxonomy employment in Brazil: an integrative review. *Rev Enferm*. 2009;3(1):152-159.
11. Barros KM. *Review of the nursing diagnosis Impaired tissue integrity: A concept analysis [dissertation]*. Belo Horizonte: Federal University of Minas Gerais; 2012.
12. COFEN
13. Defining the knowledge of nursing - NANDA-I. 2017.

14. Level of Evidence Criteria - Resources - Diagnosis Development - Defining the Knowledge of Nursing. 2017.
15. Mohtashami J. Stigma and discrimination toward psychiatric patients. *Nurse Care Open Access J.* 2018;5(3):139–140.
16. Santos PRD. Nursing and care-the plurality and multiplicity of the human dimensions in US. *Nurse Care Open Access J.* 2018;5(3):160–161.
17. Dyson MP, Hartling L, Shulhan J, et al. A systematic review of social media use to discuss and view deliberate self-harm acts. *PLoS One.* 2016;11(5):e0155813.
18. Arulappan J. Psycho social nursing care for better patient outcome. *Nurse Care Open Access J.* 2016;1(1):10–11.
19. Walker LO, Avant KC. *Strategies for theory construction in nursing.* 4<sup>th</sup> ed. Norwalk, CT: Appleton & Lange; 2005.
20. Soares CB, Hoga LA, Peduzzi M, et al. Integrative review: concepts and methods used in nursing. *Rev Esc Enferm USP.* 2014;48(2):335–345.
21. Mazoni SR. Development and validation of nursing diagnosis labor pain. Ribeirão Preto, 2012. Doctoral Thesis presented to the Ribeirão Preto College of Nursing/USP. Concentration area: Nursing.
22. Mota DDCF, Cruz DALM, Pimenta CAM. Fatigue: a concept analysis. *Acta Paul Enferm.* 2005;18(3):285–293.
23. Yates TM, Luthar SS, Tracy AJ. Nonsuicidal self-injury among “privileged” Youths: Longitudinal and cross-sectional approaches to developmental process. *J Consult Clin Psychol.* 2008;76(1):52–62.
24. Matsumoto T, Imamura M, Chiba Y, et al. Analgesia During self-cutting: Clinical Implications and the association with suicidal ideation. *Psychiatry Clin Neurosci.* 2008;62(3):355–358.
25. Fischer G1, Ameis N, Parzer P, et al. The German version of the thoughts and self-injurious behaviors interview (SITBI-G): a tool to assess non-suicidal self-injury and suicidal behavior disorder. *BMC Psychiatry.* 2014;14:265.
26. Hankina BL, Abelab JR. Nonsuicidal self-injury in adolescence: Prospective rates and risk factors in a 2 1/2 year longitudinal study. *Psychiatry Res.* 2011;186(1):65–70.
27. Rissanen ML, Kylmä J, Laukkanen E. Descriptions of self-mutilation finnish among adolescents: the qualitative descriptive inquiry. *Issues Ment Health Nurs.* 2008;29(2):145–163.
28. APVA assumption. The discourse of lack and excess: self-mutilation [dissertation]. Pelotas: Catholic University of Pelotas; 2016.
29. Jatoba MMV. The act of ripping the body in adolescence: a psychoanalytic approach [dissertation]. Salvador: Federal University of Bahia; 2010.
30. Vilhena J. Body as canvas...razor as brush. The body listens on psychoanalytic clinic. *Rev Latinoam Psicopat Fund.* 2016;19(4):691–706.
31. Silva AC. Self-injurious behavior is not suicidal in virtual social networks [dissertation]. Sao Joao del-Rei: Federal University of São João del Rei; 2016.
32. Favazza RA, Rosenthal RJ. Diagnostic issues in self-mutilation. *Hosp Community Psychiatry.* 1993;44(2):134–140.
33. ISSS-Self Injury-International Society for the Study of Self Injury. 2017.
34. Zetterqvist M. The DSM-5 diagnosis of nonsuicidal self-injury disorder: a review of the empirical literature. *Child Adolesc Psychiatry Ment Health.* 2015;9:31.
35. Rissanen ML, Kylmä J, Laukkanen E. Descriptions of help by finish adolescents who self-mutilate. *J Child Adolesc Psychiatric Nurs.* 2009;22(1):7–15.
36. Sokół-Szawłowska M, Świącicki Ł, Czyżak I, et al. Self-mutilating behaviors in patients with mental disorders - a study on users of the social networking service. *Psychiatr Pol.* 2015;49(3):503–516.
37. Guerry JD, Prinstein MJ. Longitudinal prediction of adolescent nonsuicidal self-injury: examination of the cognitive vulnerability-stress model. *J Clin Child Adolesc Psychol.* 2010;39(1):77–89.
38. Kidger J, Heron J, Lewis G, et al. Adolescent self-harm and suicidal thoughts in the cohort ALSPAC: self-report survey in England. *BMC Psychiatry.* 2012;12:69.
39. Shek DT, Yu L. Self-harm and suicidal behaviors in Hong Kong adolescents: prevalence and psychosocial correlates. *Scientific World Journal.* 2012;2012:932540.
40. Laukkanen E, Rissanen ML, Honkalampi K, et al. The prevalence of self-cutting and self-harm among other 13- to 18-year-old Finnish adolescents. *Soc Psychiatry Psychiatr Epidemiol.* 2009;44 (1):23–28.
41. Moran P, Coffey C, Romaniuk H, et al. Substance use in adulthood Following adolescent self-harm: a population-based cohort study. *Acta Psychiatr Scand.* 2015;131(1):61–68.
42. Tsirigotis K. Indirect self-destructiveness and emotional intelligence. *Psychiatr Q.* 2016;87(2):253–263.
43. Silva EP, Melo FABP, Sousa MM, et al. Therapeutic project singular as practical strategy multiprofessionality in health care. *Journal of Health Science.* 2013;17(2):197–202.
44. Weismore JT, Esposito C. The role of Smythers cognitive distortion in the relationship between abuse, assault, and non-suicidal self-injury. *J Youth Adolesc.* 2010;39(3):281–290.
45. Chang SS, Steeg S, Kapur N, et al. Cooper self-harm amongst people of Chinese origin versus White people living in England: cohort study. *BMC Psychiatry.* 2015;15:79.
46. Weiss NH, Dixon-Gordon KL, Duke AA, et al. The underlying roll Symptoms of posttraumatic stress disorder in the intimate association between partner violence and deliberate self-harm among African American women. *Compr Psychiatry.* 2015;59:8–16.
47. Dougherty DM, Mathias CW, Marsh-Richard DM, et al. Impulsivity and clinical Symptoms among adolescents with non-suicidal self-injury with or without attempted suicide. *Psychiatry Res.* 2009;169(1):22–27.
48. Quinlivan L, Cooper J, Steeg S, et al. Scales for predicting risk following self-harm: an observational study in 32 hospitals in England. *BMJ Open.* 2014;4(5):e004732.
49. Madsen LB, Eddleston M, Hansen KS, et al. Cost-effectiveness analyzes of self-harm strategies Aimed at reducing mortality of the self-pesticide poisonings in Sri Lanka: the study protocol. *BMJ Open.* 2015;5(2):e007333.
50. Majid M, Tadros M, Tadros G, et al. Young people who self-harm: A prospective 1-year follow-up study. *Soc Psychiatry Psychiatr Epidemiol.* 2016;51(2):171–181.
51. Nock MK, Prinstein MJ, Sterba SK. Revealing the form and function of self-injurious thoughts and behaviors: a real-time ecological assessment study among adolescents and young adults. *J Abnorm Psychol.* 2009;118(4):816–827.