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ORIGINAL ARTICLE

CONTENT CONSTRUCTION AND VALIDATION: AN INSTRUMENT FOR A PREOPERATIVE NURSING CONSULTATION FOR BARIATRIC SURGERY[1]

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ABSTRACT

Objective: build and validate the content of an instrument for preoperative nursing consultation in bariatric surgery in the light of Wanda Horta's Basic Human Needs Theory. Methods: methodological study to develop an instrument for nursing consultations, which followed five stages. The complete instrument was validated by 13 experts using the Delphi technique. The data was analyzed according to the Content Validity Index. Results: a total of 69 empirical indicators were validated, and 15 nursing diagnoses, 17 expected outcomes, 28 nursing interventions, and 67 activities were selected. Conclusion: the validated instrument contributes to the standardization of care for people undergoing bariatric surgery.

Keywords: Preoperative Care. Nursing Process. Bariatric Surgery. Office Nursing. Nursing Theory.

INTRODUCTION

In 2022, around 2.5 billion adults were overweight worldwide. Of these, 890 million adults experienced obesity, a condition that poses a significant threat to public health, increasing the risk of chronic non-communicable diseases (World Health Organization, 2022)[1].

In Brazil, according to the VIGITEL telephone survey (2023), obesity rates are alarming, as the frequency of obese adults ranged from 17.7% to 30.4% over the studied two-year period[2].

Obesity is considered a disease and, as such, can be treated clinically or surgically through a procedure known as bariatric surgery. The study was carried out between January 2010 and December 2016 throughout Brazil and observed 46,035 hospitalizations for bariatric surgery by the Brazilian Unified Health System (SUS). Of these, 39,307 involved female patients (85.4%; 7.2/100,000 inhabitants/year), and 6,728 were male patients (14.6%; 1.3/100,000 inhabitants/year), with a mean age of 39.0 (standard deviation: 10.4) years[3]. It is worth noting that bariatric surgery is a technically complex procedure, not free of complications, which requires lifestyle changes on the part of patients to ensure successful results[3].

In this process of lifestyle changes, nursing plays an important role, as it can support and answer patients' questions preoperatively, intraoperatively, and postoperatively. In the surgical context, preoperative nursing consultations use specific instruments and standardized language to assess patients fully. This approach makes it possible to identify individual needs and, consequently, to prescribe personalized and effective care based on scientific evidence[4].

The use of instruments to guide nursing care has had a positive impact on care practices based on quality and patient safety. Thus, developing a specific instrument for nursing consultations in the preoperative period of bariatric surgery will provide a solid basis to guide the planning and implementation of safe, high-quality care. In addition, a tool will foster reflection and dialog around professional practices, to build a

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nursing product based on scientific knowledge, grounded in a theory that incorporates the essential concepts of care.

This study aimed to construct and validate the content of an instrument for preoperative nursing consultation in bariatric surgery in the light of Wanda Horta's Basic Human Needs (BHN) Theory.

METHOD

This is a methodological study, with content validation[5], using the Delphi Technique[6]. Methodological studies address the development, validation, and evaluation of research tools and methods[7].

The study was carried out between August 2018 and May 2019 and consisted of five stages: 1) identification of the empirical indicators (EI) present in people with obesity in the preoperative period of bariatric surgery; 2) validation of the empirical indicators; 3) survey of nursing diagnoses, nursing interventions, and expected results; 4) structuring of the Nursing Consultation Instrument; and 5) validation of the instrument's content. Stages 1 and 3 were based on Wanda Horta's BHN Theory[8].

The stage of identifying empirical indicators (EI) was preceded by an integrative review, which enabled the identification of 72 EI related to obese patients in the preoperative period of bariatric surgery, all in accordance with basic human needs: psychobiological, psychosocial, and psychospiritual[9].

The EI validation stage involved nurses/experts. The inclusion criteria adopted for choosing the experts were being a nurse, working in public or private health institutions in any region of Brazil, and having at least three years of experience in caring for bariatric surgery patients. The possible experts were located by consulting the Lattes platform, where the terms 'nurse' and 'bariatric surgery' were used in the search. In addition, searches were conducted on the official website of Brazilian institutions that perform bariatric surgery (available on the website of the Brazilian Society of Bariatric and Metabolic Surgery), and from there, telephone contact was made with the institutions requesting the appointment of nurses to possibly participate as experts.

Twenty-five nurses/experts who met the inclusion criteria were selected, 13 of whom agreed to participate in the study.

Potential judges were invited by e-mail, with a link directing them to an informed consent form. Once they had formally accepted, access was given to the form in the Google Docs® tool, which contained the EIs arranged in the respective BHN levels and two answer options: "relevant" or "not relevant". The form had a blank space for suggestions. The validity of the EIs was calculated using the Content Validity Index (CVI) and those with a CVI greater than or equal to 0.80 (CVI ≥ 0.80) were considered valid[10].

The EIs guided the stage of the Nursing Diagnosis Survey, Nursing Interventions, and Expected Outcomes. First, selected EIs were grouped and associated with the diagnostic statements. The North American Nursing Diagnosis Association International (NANDA-I 2018-2020)[11] taxonomy was used as the standardized language. Nursing interventions came from the Nursing Interventions Classification (NIC)[12] and expected outcomes from the Nursing Outcomes Classification (NOC)[13], related to the diagnoses. Selected items included standardized language and classification codes.

The structuring of the Nursing Consultation Instrument followed the stages of the Nursing Process, defined by Cofen Resolution No. 358/2009[14], namely: Nursing data collection (or Nursing History); Nursing Diagnosis; Nursing Planning; Implementation; Nursing Evaluation.

The last stage, Content Validation, was carried out in relation to relevance, with each domain of the instrument being assessed using the Delphi technique[6]. The same 13 experts selected previously were invited via e-mail to express their agreement/disagreement with a statement using a Likert scale questionnaire which included the following options: "totally agree", "agree", "disagree" and "totally disagree". In addition, participants had the opportunity to provide comments or suggestions related to the item under evaluation, in a field designated for this purpose.

The data was analyzed using the CVI, and items with a CVI ≥ 0.80 were considered valid[10].

Regarding ethical issues, the research project was approved by the Ethics and Research Committee of the Federal University of Santa Catarina, under CAAE No.

01042818.3.0000.0121, and complied with the prerogatives of Resolution 466/2012 of the National Health Council. The instrument was registered with the Brazilian Book Chamber, according to the QR code below, and is available at https://drive.google.com/file/d/1Owe_HCjt2XZtRzZrOyESg-ODMlQdmE8b/view?usp=sharing

RESULTS

Of the 13 experts who participated in the validation process, 30.77% (4) had a doctor's degree in nursing, 15.38% (2) had a master's degree in nursing, and 53.84% (7) were specialists. Regarding their place of work, 38.46% (5) worked in surgical centers, 30.77% (4) in outpatient care, 15.38% (2) in clinical/surgical inpatient units, and 15.38% (2) in other care settings. The majority, 69.23% (9), had worked as nurses for more than 10 years, 15.38% (2) between 6-10 years and 15.38% (2) between 3-5 years. Regarding the region of Brazil in which they lived, 53.84% (7) lived in the South, 15.38% (2) in the Center-West, 15.38% (2) in the North, 7.69% (1) in the Southeast and 7.69% (1) in the Northeast.

In the EI identification stage, 11 articles were identified and related to the BHN structure, resulting in 72 EIs distributed into the respective BHN. Based on the validation by the experts, 69 of the 72 EIs reached a confidence interval (CI) greater than 0.80 and were considered valid and, therefore, included in the construction of the instrument, as shown in Table 1.

Table 1. Validation of the empirical indicators selected in the integrative review. Florianópolis, Santa Catarina, Brazil

Empirical indicators	CI
Allergies	1.0
Anxiety, sadness, social isolation	1.0
Absence of physical activity, low-intensity physical activity	1.0
Abdominal circumference, brachial circumference, waist/hip ratio	1.0
Constipation or diarrhea	1.0
Body-related embarrassment	1.0
Consumption of foods with excess sugar	1.0
Teething	1.0
Unfamiliarity with the disease, difficulty understanding information	1.0
Difficulty getting around for activities	1.0
Dyspnea	1.0
Joint pain	1.0
Elevated capillary blood glucose	1.0
Degree of obesity	1.0
Blood count, altered liver function, altered lipid profile	1.0
Poor body hygiene, difficulty sanitizing all parts of the body	1.0
History of obesity, previous illnesses	1.0
Body mass index, weight	1.0
Inadequate place for meals	1.0
Medications in use	1.0
Motivation for change	1.0
Non-participation in health education/support groups	1.0
Orthopnea	1.0
Hypocolored skin/mucous membranes	1.0
Person who usually prepares the food	1.0
Presence of edema	1.0
Presence of skin lesions, tissue perfusion	1.0
High blood pressure, heart rate	1.0
Family income	1.0
Snoring or apnea, insomnia	1.0
Smoking, alcoholism	1.0

Use of contraceptive methods	1.0
Relationship with main caregiver, lack of family support	1.0
Drinks with too much sugar	0.9
Discomfort during sexual intercourse	0.9
Gastrointestinal discomfort after eating	0.9
Abdominal distension	0.9
Fatigue	0.9
Urinary/fecal incontinence	0.9
Perception of their body	0.9
Few leisure activities	0.9
Presence of hernias	0.9
Religion, beliefs regarding treatment	0.9
Coughing, wheezing, crackling	0.9
Insufficient hours of sleep	0.8
Human Beta Gonadotrophic Chorionic Hormone	0.8
Insufficient fluid intake	0.8
Active sex life	0.8

Source: Prepared by the authors, 2019.

The items 'place of residence', 'low level of education', and 'change in libido' had insufficient CI and were, therefore, not included in the instrument.The 69 validated EIs were cross-referenced with each other, looking for similarities, which led to the definition of the diagnostic headings of the NANDA-I taxonomy[11]. Cross-referencing the EIs allows for multiple associations and multiple diagnoses. The main diagnoses selected, as well as the EI associations made, are described in Chart 1.

Chart 1. Cross-referencing empirical indicators and their respective Nursing Diagnoses (NANDA - I 2018-2020). Florianópolis, Santa Catarina, Brazil

Association of empirical indicators	**NANDA-I Nursing Diagnoses**
Insomnia; Anxiety.	Anxiety (00146)
Poor body hygiene; Difficulty sanitizing all parts of the body; Difficulty moving around for activities; Joint pain.	Self-care deficit for bathing (00108)
Lack of knowledge about the disease.	Deficient knowledge (00126)
High blood pressure; High blood glucose; BMI; Lack of physical activity; Drinks with too much sugar; Eating too much sugar.	Risk for metabolic imbalance syndrome (00263)
Motivation for change.	Readiness for enhanced health management (00162)
Perception of their body; Body-related embarrassment; Sadness, social isolation	Disturbed body image (00118)
Anxiety; Insufficient hours of sleep; Snoring; Apnea; Insomnia; Orthopnea.	Disturbed sleep pattern (00198)
Joint pain; Difficulty moving around for activities;	Chronic pain (00133)
Absence of physical activity, low-intensity physical activity.	Sedentary lifestyle (00168)
Fatigue; Joint pain; Dyspnea	Activity intolerance (00092)
Sadness; Social isolation; Body-related embarrassment; Few leisure activities; No participation in health education groups/support groups.	Social isolation (00053)
Joint pain; Difficulty moving for activities; Dyspnea; Fatigue	Impaired urinary elimination (00085)
BMI; History of obesity; Weight.	Obesity (00232)
Dyspnea, wheezing, crackling;	Ineffective breathing pattern (00032)
Presence of skin lesions; Poor body hygiene.	Risk for impaired skin integrity (00047)

Source: Prepared by the authors, 2019.

The Nursing Consultation tool was divided into six parts for better structuring: 1) Identification (minimum patient identification data); 2) Nursing History; 3) Nursing Diagnoses; 4) Nursing

Outcomes; 5) Nursing Interventions; and 6) Evaluation.

The nursing history and physical examination items were divided into BHN levels according to validated EIs. The Nursing Diagnoses were distributed in tables with columns followed by Nursing Outcomes and Nursing Interventions and activities. Fifteen nursing diagnoses, 17 expected outcomes, 28 nursing interventions, and 67 activities were selected.

Table 2 shows the CVI achieved in the first round of the validation process, for each instrument domain referring to the nursing history section.

Table 2. Content Validity Index of the domains of the instrument related to nursing history. Florianópolis. Brazil

Domain	CVI
Hydration	1.0
Locomotion/Motility/Body Mechanics	1.0
Mucosal Skin Integrity/Physical Integrity	1.0
Body Care	1.0
Regulation	1.0
Recreation/Leisure/Participation	1.0
Acceptance/Self-realization/Self-esteem/Self-image	1.0
Identification	0.9
Oxygenation	0.9
Nutrition	0.9
Elimination	0.9
Sleep and rest	0.9
Sexuality	0.9
Therapies	0.9
Safety/Love/Family	0.9
Religion or theology, ethics or philosophy of life	0.9
Learning/Communication/Attention	0.8

Source: Prepared by the authors, 2019.

Table 3 shows the CVI achieved in the first round of the validation process for the nursing diagnosis domains, expected results, and interventions.

Table 3. Content Validity Index of the instrument domains referring to nursing diagnoses, expected outcomes, and interventions for the preoperative period of bariatric surgery, prepared according to the NANDA[11], NIC[12], and NOC[13] taxonomy. Florianópolis, Santa Catarina, Brazil

NURSING DIAGNOSIS (NANDA–I)	EXPECTED RESULTS (NOC)	NURSING INTERVENTIONS (NIC)	CVI
Anxiety	Anxiety self-control Anxiety level	Anxiety reduction Coping enhancement Active listening	1.0
Bathing self-care deficit	Self-care - Bathing Self-care - Hygiene	Self-Care assistance	1.0
Deficient knowledge	Knowledge – Prescribed activity Knowledge- Health behavior Healthcare information exchange	Counseling Learning readiness enhancement Reality orientation	1.0
Risk for metabolic imbalance syndrome	Health seeking behavior Knowledge - Hypertension management Knowledge - Diabetes management	Vital signs monitoring Nutritional counseling Medication management	1.0
Readiness for enhanced health management	Adherence behavior Health-promoting behavior	Self-awareness enhancement Self-responsibility facilitation Patient contracting	1.0

		Decision-making support	
Disturbed body image	Motivation	Self-esteem enhancement Self-awareness enhancement Emotional support	1.0
Disturbed sleep pattern	Sleep	Sleep enhancement Positioning	1.0
Chronic pain	Pain control	Pain management	1.0
Sedentary lifestyle	Health seeking behavior Motivation	Counseling Behavior modification Exercise promotion	1.0
Activity intolerance	Activity tolerance	Exercise promotion: strength training Counseling	1.0
Social isolation	Social interaction skills	Self-esteem enhancement Self-awareness enhancement Behavior modification: social skills Emotional support	1.0
Impaired urinary elimination	Mobility	Body mechanics promotion Fall prevention	1.0
Ineffective breathing pattern	Respiratory status: Gas exchange	Positioning Weight reduction assistance	1.0
Risk for impaired skin integrity	Tissue integrity: skin and mucous membranes	Risk identification Skin surveillance	1.0
Obesity	Weight Loss Behavior	Multidisciplinary care conference Nutritional counseling Weight reduction assistance	0.8

Source: Prepared by the authors, 2019.

All the items reached a CVI ≥ 0.80 in the first round, however, as it is a long instrument, there were suggestions to add and modify some items, and despite having already reached the necessary CVI, it was decided to send the instrument to the experts again, now containing only the domains that had undergone modifications.

The changes suggested by the experts were to add the mother's name to the identification item; to add laterality of lung auscultation; to add the options "yes" or "no" to the cough item; to present the items investigating the consumption of juice and soft drinks separately; to add the investigation of the frequency of consumption of alcoholic beverages; to investigate the anthropometric measurement of cervical circumference; to add the supper item to the nutrition domain; to investigate whether they feel that their sleep is restorative; to separate the activities of monitoring signs and checking blood glucose; to add activities related to the nutritional counseling intervention; to add activities to guide skin care in the areas of skin folds and add care about the use of body hygiene products with the appropriate pH. All these changes were incorporated into the second round of validation of the proposed nursing consultation tool and highlighted to make it easier for the experts to understand which items had been changed in the domain.

After the second round was sent to the experts, they had 15 days to return it to the researchers. At this stage, a total of seven experts responded to the items for validation. All the domains were validated in the second round, reaching a CVI ≥ 0.80, with no additional suggestions, and no need for subsequent rounds. Thus, the methodological path culminated in an instrument for nursing consultation in the preoperative period of bariatric surgery, validated in relation to its content.

It should be noted that the tool was created in printed form, but it has the potential to be made available online. Nurses will be able to use the tool in preoperative consultations for bariatric surgery, because as the preoperative process for this type of

surgery is long, monitoring is necessary for the success of the surgery.

DISCUSSION

The construction of the nursing consultation tool aimed at caring for people with obesity in the preoperative period of bariatric surgery was based on five stages. The tool built in this study helps nurses make clinical decisions based on clinical reasoning, understanding the health-disease process, organizing information, and communicating with the multidisciplinary team[15]. The importance of the theoretical foundation in constructing this instrument should be added, which was based on the BHN Theory[8].

It should be noted that empirical health indicators (EHI) are essential for providing scientific evidence about concepts based on a theory[16].

According to the Brazilian Society of Bariatric and Metabolic Surgery (SBCBM, as per its acronym in Portuguese), 74,738 procedures related to bariatric surgery were performed in 2022[17]. However, there is a need for managers to understand obesity in its broadest sense and to look for strategies to promote health to prevent overweight and obesity, which can also be included in the routines of services at the different levels of care. In addition, the coordination with the areas of education, sport, leisure, agriculture, and the environment could reduce the disease's prevalence in the medium and long term[18].

On the other hand, health professionals, especially nurses, need to develop skills to be able to mobilize all the existing resources in their care context, plan personalized interventions, and develop interdisciplinary measures[19].

Although the terms nursing intervention and nursing prescription are often used synonymously, there is a conceptual difference between them. The actions or activities required to implement the intervention are described for each intervention, which will give rise to nursing prescriptions[20]. Based on the nurse's critical thinking about the patient's clinical conditions, the expected results can be established in the short, medium, and long term[13].

The validation of the instrument followed the experts' suggestions, which were to add the following items: expectoration, food intolerance, investigating whether they use medication to sleep, and the use of orthoses and prostheses. In addition, it was suggested that smoking and drinking should not be classified as part of the "Therapeutic" BHN, but this suggestion was not complemented by the BHN levels at which they could be classified. Therefore, it was decided to keep them to be investigated at this level, as it is understood that therapy is the individual's need to seek professional help to assist with health care[21]. Therefore, by investigating whether the person has a smoking habit or alcohol consumption behavior at this BHN level, you can indicate to them the need for professional monitoring. A study covering Brazil, which identified the prevalence of alcohol use and associated risk factors in patients undergoing bariatric surgery, concluded that the harmful use or probable dependence on alcohol in patients undergoing bariatric surgery should be considered a warning sign for health professionals[22].

The relevance of this study lies in nurses' ability to accompany patients during the bariatric surgery process, allowing the use of information and decision-making standards, as well as the creation of an official record of nursing interventions and the outcomes of this care.

This study's limitation is related to the difficulty in obtaining responses from the experts invited from all regions of Brazil, which further highlights the importance of training nurses to face the challenges of caring for obese patients. In addition, there needs to be more academic production on this subject, which demands greater attention from the nursing community and nursing research fields.

CONCLUSION

This study built and validated the content of an instrument for the preoperative nursing consultation for bariatric surgery. This instrument can be a valuable tool for nurses to carry out a scientific process, providing individualized and safe care. This involves recognizing and interpreting the health strengths and weaknesses of patients, their families, and the community and determining appropriate interventions with visible results. Therefore, adopting a standardized instrument can significantly contribute to supporting the care provided and guiding clinical reasoning.

It is recommended that additional validation studies be carried out in order to improve this tool further, making it more targeted and effective in meeting the needs of patients undergoing bariatric surgery.

CONSTRUÇÃO E VALIDAÇÃO DE CONTEÚDO: INSTRUMENTO PARA CONSULTA DE ENFERMAGEM PRÉ-OPERATÓRIA DE CIRURGIA BARIÁTRICA

RESUMO

Objetivo: construir e validar o conteúdo de instrumento para consulta de enfermagem pré-operatória em cirurgia bariátrica à luz da Teoria das Necessidades Humanas Básicas de Wanda Horta. **Métodos**: estudo metodológico de desenvolvimento de instrumento para consulta de enfermagem, seguiu cinco etapas. O instrumento completo foi validado por 13 juízes utilizando a técnica Delphi. Os dados foram analisados segundo o Índice de Validade de Conteúdo. **Resultados**: 69 indicadores empíricos foram validados, selecionados 15 diagnósticos de enfermagem, 17 resultados esperados, 28 intervenções de enfermagem e 67 atividades. **Conclusão**: o instrumento validado contribui para a padronização do cuidado da pessoa em processo de cirurgia bariátrica.

Palavras-chave: Cuidados Pré-Operatórios. Processo de Enfermagem. Cirurgia Bariátrica. Enfermagem no Consultório. Teoria de Enfermagem.

CONSTRUCCIÓN Y VALIDACIÓN DE CONTENIDO: INSTRUMENTO PARA CONSULTA DE ENFERMERÍA PREOPERATORIA DE CIRUGÍA BARIÁTRICA

RESUMEN

Objetivo: construir y validar el contenido de instrumento para consulta de enfermería preoperatoria en cirugía bariátrica a la luz de la Teoría de las Necesidades Humanas Básicas de Wanda Horta. **Métodos**: estudio metodológico de diseño de instrumento para consulta de enfermería, siguió cinco etapas. El instrumento completo fue validado por 13 jueces utilizando la técnica Delphi. Los datos fueron analizados según el Índice de Validez de Contenido. **Resultados**: se validaron 69 indicadores empíricos, se seleccionaron 15 diagnósticos de enfermería, 17 resultados esperados, 28 intervenciones de enfermería y 67 actividades. **Conclusión**: el instrumento validado contribuye a la estandarización del cuidado de la persona en proceso de cirugía bariátrica.

Palabras clave: Cuidados Preoperatorios; Proceso de Enfermería; Cirugía Bariátrica. Enfermería en Consulta; Teoría de la Enfermería.

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