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Nurseostomy: an instrument for Nursing assessment of individuals with intestinal ostomy in a hospital setting

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ABSTRACT

Objective: To describe the process of construction and validation of Nurseostomy, a nursing assessment instrument for individuals with intestinal ostomy in a hospital setting. **Method:** This is a methodological study developed following the recommendations of the Brazilian Consensus on Care for Adults with Elimination Ostomies to support the construction of the assistive technology and the validation of content, structure, and appearance with experts. The tool was developed using Microsoft Word®. The study participants were 17 stoma care nurse experts. Data collection took place between October and November 2022 using a Google Forms questionnaire. For data analysis, the Content Validity Index (CVI) was used, with a minimum agreement value of 0.8. **Results:** An instrument consisting of seven domains was developed according to the Wanda de Aguiar Horta theoretical framework. The global CVI was 0.91. **Conclusion:** The instrument was considered validated in all three axes (content, structure, and relevance) and shows potential for external validation and the development of clinical research.

DESCRIPTORS: Enterostomal therapy. Ostomy. Self care. Nursing Care.

Nurseostomy: instrumento para avaliação de Enfermagem à pessoa com estomia intestinal em ambiente hospitalar

RESUMO

Objetivo: Descrever o processo de construção e validação do *Nurseostomy*, instrumento de Enfermagem para avaliação da pessoa com estomia intestinal em ambiente hospitalar. **Método:** Trata-se de um estudo metodológico desenvolvido por meio das recomendações do Consenso Brasileiro de Cuidados às Pessoas Adultas com Estomias de Eliminação, para embasar a construção da tecnologia assistencial e a validação de conteúdo, estrutura e aparência com juízes. A ferramenta foi desenvolvida com o programa Microsoft Word®. Os participantes do estudo foram 17 juízes estomaterapeutas com *expertise* na área em estudo. A coleta de dados ocorreu entre outubro e novembro de 2022 mediante formulário do Google Forms. Para análise dos dados, utilizou-se o Índice de Validação de Conteúdo (IVC), com valor de concordância mínimo de 0,8. **Resultados:** Foi elaborado instrumento composto de sete domínios, de acordo com o referencial teórico Wanda de Aguiar Horta. O IVC global foi de 0,91. **Conclusão:** O instrumento foi considerado validado nos três eixos (conteúdo, estrutura e relevância), e apresenta potencial para validação externa e desenvolvimento de pesquisas clínicas.

DESCRITORES: Estomaterapia. Estomia. Autocuidado. Cuidados de Enfermagem.

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Nurseostomy: instrumento para evaluación de enfermería a la persona con estomía intestinal en un entorno hospitalario

RESUMEN

Objetivo: Describir el proceso de construcción y validación del *Nurseostomy*, un instrumento de enfermería para la evaluación de personas con estomía intestinal en ambiente hospitalario. **Método:** Se trata de un estudio metodológico desarrollado a través de las recomendaciones del Consenso Brasileño de Cuidados a Personas Adultas con Estomías de Eliminación, para apoyar la construcción de la tecnología de atención y la validación de contenido, estructura y apariencia con los jueces. La herramienta se desarrolló a través del programa Microsoft Word®. Los participantes del estudio fueron 17 jueces estomaterapeutas expertos en el área estudiada. La recogida de datos se realizó entre octubre y noviembre de 2022 mediante un formulario de *Google Forms*. Para el análisis de los datos, se utilizó un índice de validez de contenido (IVC), con un valor mínimo de acuerdo de 0,8. **Resultados:** Se elaboró un instrumento compuesto por siete dominios, de acuerdo con la referencia teórica de Wanda Aguiar Horta. El IVC global fue de 0,91. **Conclusión:** Se concluye que el instrumento fue considerado valido en los tres ejes (contenido, estructura y relevancia), y presenta potencial para la validación externa y el desarrollo de la investigación clínica.

DESCRIPTORES: Estomaterapia. Estomía. Autocuidado. Atención de Enfermería.

INTRODUCTION

The occurrence of intestinal disorders, such as inflammatory bowel disease, trauma, diverticular disease, and congenital diseases, can necessitate the diversion of the intestinal tract. These conditions may require the creation of intestinal stomas, especially when they exhibit malignancy and inflammatory disease characteristics[1].

In Brazil, the primary causes of intestinal stoma creation in the adult and elderly population are neoplasms, particularly colorectal cancer[2]. According to the National Cancer Institute (INCA), an estimated 45,630 cases of colon and rectal cancer are expected annually for the period 2023-2025, corresponding to an estimated risk of 21.10 cases per 100,000 inhabitants, with 21,970 cases among men and 23,660 cases among women. These values represent an estimated risk of 20.78 new cases per 100,000 men and 21.41 per 100,000 women, making it the third most frequent type of cancer in the population[3].

Not infrequently, during this process, individuals suffer from decreased self-esteem and life perspectives, feelings of grief, changes in personal and interpersonal activities, and alterations in work and social life, necessitating adaptation to begin a new phase of life[4].

In this context, systematic nursing consultations are necessary to strengthen self-care and prevent complications in the stoma and peristomal skin[5]. This care should be anchored in the Nursing Process (NP), a deliberate and systematic approach applied in all environments where nursing care is provided, based on a variety of theoretical supports that offer a descriptive, explanatory, predictive, and prescriptive basis for the NP, helping nursing professionals provide effective and individualized care[6]. For individuals with stomas, the NP is present from the creation of the stoma, to guidance, and follow-up after hospital discharge[7].

Given the importance of systematic care and the applicability of the NP, clinical practice has highlighted difficulties faced by nurses regarding guidance for individuals with intestinal stomas. These difficulties include focusing on strengthening self-care and the proper handling of the collecting equipment and accessories, thus favoring the high incidence of hospital readmissions due to stoma and peristomal skin complications[6].

The clinical practice described previously corroborates the study[8] that highlights the real need for monitoring individuals with ostomies from the preoperative period to outpatient care, thus providing guidance on self-care and referrals to regional reference services during hospital discharge. It is imperative for nurses to have knowledge of the support network, as well as to strengthen self-care during the intra-hospital period, pointing out the positive aspects and benefits of the new health condition[9].

Based on practical experience in the surgical clinic unit of a large hospital in the state of Ceará and the follow-up of individuals with ostomies during the perioperative period, the need for an intervention plan tailored to individuals with intestinal ostomies was identified. It became essential for nurses to understand the patient's needs to develop nursing diagnoses and prescribe interventions to meet these demands.

In this context, this study aimed to describe the process of construction and validation of Nurseostomy, a nursing assessment instrument for individuals with intestinal ostomies in a hospital setting. The nomenclature was developed by the researchers, motivated by the intention to reflect its precise and appropriate application in clinical practice.

Therefore, the research was guided by the problem question: "What contents should comprise a nursing instrument for the intra-hospital assessment of individuals with intestinal ostomies?"

METHODS

This is a methodological study for the construction and validation of assistive technology, following the framework proposed by Polit and Beck[10]. This type of study develops and validates instruments, tools, and research methods, involving complex and sophisticated methods[10].

Therefore, Nurseostomy was constructed through a three-step process:

1) Extraction of information from the Brazilian Consensus on Care for Adults with Elimination Ostomies[11];
2) Construction of the technology;
3) Validation with expert judges.

In the first step, information related to the intra-hospital nursing assessment of individuals with intestinal ostomies was extracted from the Brazilian Consensus on Care for Adults with Elimination Ostomies[11]. Two researchers performed the extractions independently, comparing and aligning discrepancies in subsequent meetings.

The second step involved the development of the Nurseostomy technology. Guidance was sought from the Resolution of the Federal Nursing Council (COFEN in Portuguese) No. 736, dated January 17, 2024, which addresses the implementation of the NP in healthcare settings6. Thus, the steps for this development were guided by Wanda de Aguiar Horta's theory, which systematizes nursing care into the following steps: nursing history, nursing diagnosis, care plan and nursing interventions, nursing evolution, and nursing prognosis. The instrument was produced using Microsoft Word 2016®, in black and white, in questionnaire format. The instrument was developed between October and November 2022.

The third step involved the validation of the content, structure, and relevance of the instrument. For this, judges were selected: stoma care nurses with master's and doctoral degrees, working in the areas of research, teaching, and care for individuals with elimination ostomies. Thus, 43 judges from various Brazilian states were selected; the first judge was identified via the Lattes platform in sequential order and contacted through an instant messaging application (WhatsApp®), and the others were contacted using the "snowball" technique, defined as a non-probabilistic sampling method that utilizes referral chains12. Of the 43 judges recruited, 17 completed the validation process, which was guided by the theoretical framework of content validity[13].

To define the level of agreement among the experts, the Content Validity Index (CVI) was calculated for each item evaluated in the instrument. This methodology allows for measuring the proportion of agreement among experts regarding the evaluation of the categories and dimensions of a given instrument[13].

The judges evaluated the three dimensions of the instrument. For each dimension, questions were directed, with responses to be filled out using a Likert Scale, with scores ranging from 1 to 5, where: 1 (inadequate), 2 (partially adequate), 3 (adequate), 4 (totally adequate), and 5 (not applicable). For the calculation, the sum of the responses with scores of 3 (adequate) and 4 (totally adequate) for each item in the questionnaire is divided by the total number of responses. The CVI value is considered valid when it is equal to or greater than 0.80, as a validity parameter for new instruments[14].

After validation, the instrument was sent to a graphic designer for layout enhancement, which was completed in December 2022. The study was approved by the Research Ethics Committee under opinion number 4.765.473 and CAAE

26204919.0.0000.5055. All judges, upon agreeing to participate in the validation process, signed the Informed Consent Form (ICF), which was presented as the first part of the questionnaire.

RESULTS

The first version of the instrument was developed to encompass seven specific domains, represented by numbers and distributed according to the steps to be followed in the NP, based on the nursing theory of Wanda de Aguiar Horta[7,15,16].

Domain 1 included patient identification data such as name, age, marital status, and education level, which are used as the initial part of various instruments[17]. Domain 2 grouped information about the underlying diseases and the patient's medical history, comorbidities such as diabetes and hypertension, as well as the diagnostic hypothesis that necessitated the creation of the stoma, including trauma, neoplasms, and inflammatory bowel diseases[18,19].

Domain 3 presented the evaluation and physical examination of the abdomen to analyze the type of abdomen and the type of stoma created for better care planning[19,20]. Domain 4 gathered information on the characteristics of the stoma and the possible complications identified during the physical examination, such as peristomal dermatitis, retraction, prolapse, bleeding, and infections, among others [15,16]. Domain 5 assessed the self-care/autonomy of the individual with an intestinal stoma and directed the provision of guidance to the patient/family[21,22].

Domain 6 included the nursing diagnoses and interventions listed based on the nurse's evaluation[21,22]. Finally, Domain 7 allowed the professional to make referrals to specialized services pertinent to the case[23].

In the validation stage, 17 judges participated, of which 14 (82.4%) were female, aged between 26 and 56 years. Regarding academic qualifications, five (29.4%) had a lato sensu postgraduate degree; seven (41.2%) had a master's degree; and four (23.5%) had a doctoral degree. Concerning professional practice areas, 16 (94.1%) worked in direct patient care; 10 (58.8%) in teaching; and six (35.3%) exclusively in research. In terms of experience, the majority of professionals (12; 70.4%) had between 11 and 25 years or more of practice.

Each judge evaluated a total of 31 items of the instrument, divided into seven domains:

I – Anamnesis (11 items);

II – Medical history (four items);

III – Abdominal evaluation (one item);

IV – Intestinal stoma evaluation (nine items);

V – Self-care evaluation (one item);

VI – Nursing diagnoses and interventions for individuals with intestinal stomas, according to NANDA-I/NIC[23] (four items);

VII – Referral to the service for individuals with intestinal stomas (one item).

Table 1 presents the values obtained for each item of the instrument by calculating the CVI based on the analysis of three principles: content, structure, and relevance.

The validation of the instrument was conducted through the calculation of the CVI, considering a basic parameter value of 0.80 or higher, which was achieved in almost all the evaluated items, with a global CVI of 0.9113. Most items achieved a CVI >0.9, specifically: 0.88 for content, 0.95 for structure, and 0.92 for relevance.

Of the six variables evaluated in the "content" section, four scored >0.80. The variables related to the appropriateness of the logical sequence of the content and the potential to promote changes in behavior regarding the care of patients with intestinal stomas underwent adjustments based on the judges' suggestions, as they did not meet the stipulated score for validation.

Regarding the variables in the "structure" and "relevance" sections of the instrument, no significant changes were necessary since all evaluated items in both sections scored above the minimum parameter of 0.80.

The instrument underwent a single round of review by the specialists, who made some suggestions regarding the content, including the number of pages, layout, and the presence of illustrations. They also judged the content as suitable for the target audience and appropriate for use in the clinical practice of nurses, as presented in Table 1.

Additionally, the specialists deemed the instrument effective, coherent, innovative, with clear language, and easy to apply. They also highlighted the instrument's relevance, stating it aligns with reality and can be adapted to different nursing services and used in hospital settings by generalist nurses. This aids both in the systematization of effective care and in the appropriate referral to specialized services.

The proposals and considerations of the expert judges led to modifications in version 1 or the preliminary version of the instrument. These were partially accepted after a consensus among the authors, who met to re-evaluate the material and make the necessary adjustments in each of the domains worked on. The final version of Nurseostomy can be accessed via the QR code in Figure 1. Simply point the smartphone camera at the code.

DISCUSSION

The construction of the instrument was based on information gathered from the Brazilian Consensus on Elimination Stomas and followed rigorous methodological standards, which enabled an understanding of the main approaches in care, as well as diagnostic procedures and nursing prescriptions[12,23].

The results obtained through the CVI suggest that the protocol instrument is suitable for use in the nursing assessment of individuals with intestinal stomas in a hospital setting, guiding all decision-making processes in patient care.

During the validation process, the participation of judges who were nurse specialists with experience in both academic and care settings contributed to the enrichment and improvement of the material for the teaching and learning of nursing professionals, as well as making it effective for its intended purpose: application in clinical hospital practice[18].

Table 1. Distribution of Content Validity Index scores according to the parameters of content, structure, and relevance. Crato (CE), Brazil, 2023.

Variable	n	CVI
1. Content		
1.1. Is the language appropriate for the target audience?	17	1
1.2. Is the logical sequence of the content appropriate?	13	0.76
1.3. Does it contain the necessary information regarding the evaluation of patients with stomas in a hospital setting?	16	0.94
1.4. Does it have the potential to promote changes in behavior concerning the care of patients with intestinal stomas?	13	0.76
1.5. Does it meet the requirements to circulate in scientific and care settings?	14	0.82
1.6. Does the content follow current evidence-based practices?	17	1
Total CVI		0.88
2. Structure		
2.1. Is the information presented scientifically accurate?	17	1
2.2. Is the material suitable for the target audience?	16	0.94
2.3. Is the information well-structured in terms of grammar and spelling?	16	0.94
2.4. Is the formatting model appropriate for the care setting?	16	0.94
Total CVI		0.94
3. Relevance		
3.1. Does the instrument highlight the key aspects that should be evidenced in the care practices for patients with intestinal stomas?	16	0.94
3.2. Does the guide propose care directions consistent with the reality of patients with intestinal stomas?	16	0.94
3.3. Can the material be used as a teaching-learning tool for nursing undergraduates?	15	0.88
3.4. As a nurse, do you believe that the implementation of this assessment instrument for patients with stomas is important for the hospital setting?	16	0.94
Total CVI		0.92
Global CVI		0.91

CVI: Content Validity Index

Chart 1. Suggestions from judges for the improvement of the instrument. Crato (CE), Brazil, 2023.

Variable	Suggestion	Evaluation
Content	"I believe that the presence of illustrations could enrich your work, exemplifying, for example, complications and findings on the peristomal skin."	Accepted
	"Add: type of stoma by surgical technique (complications are often associated with the surgical technique); add all types of dermatitis; comorbidities: add oncological diseases."	Accepted
	"In the comorbidities section, it would be interesting to add dyslipidemia. Habit prior to the installation of the stoma."	Accepted
	"I suggest providing space for nursing interventions specific to each patient."	Accepted
	"Add a suggested Nursing Diagnosis focused on self-care/ADLs."	Accepted
Structure	"The yes and no options are unnecessary."	Partially accepted. Their absence in some items hinders the flow of the assessment
	"I suggest reducing the size of the instrument; I consider it too long."	Accepted
Relevance	"Evaluate adding other diagnoses to assess later, at another time, which diagnoses are prevalent or potential diagnoses."	Accepted

Source: Prepared by the authors.

Figure 1. QR code with the Nurseostomy nursing assessment instrument for individuals with intestinal stomas in a hospital setting. Crato (CE), Brazil, 2023.

Considering the judges' contributions, these were integrated and synthesized for evaluation, making it possible to modify the instrument in terms of both the nurse's management of the patient and their role in health education, ensuring continued care by the individual with an intestinal stoma or their caregiver.

The use of instruments and other technologies that compile the maximum amount of information objectively constitutes an important means of supporting nursing care for patients with intestinal stomas. In the hospital setting, the number of demands placed on nurses often makes it difficult for them to focus on the specific conditions presented by patients with stomas, which must be carefully evaluated to ensure no important data is overlooked[24].

It is worth noting that the creation of an instrument that gathers fundamental information for the assessment of individuals with intestinal stomas provides benefits for both nurses and the patients they care for. This instrument enables the identification and fulfillment of each patient's needs and specificities, with the aim of reducing post-operative complications related to the creation of an intestinal stoma[21].

The technology facilitated the analysis and consideration of factors related to the development of nursing care for individuals with intestinal stomas. For the instrument to be effectively adopted by nurses, it must be appropriately adapted to the reality of each service. Therefore, it should be easy to apply regardless of the health unit in which it is used, without compromising its quality[20].

For professionals, the adoption of a standardized instrument allows for safer practice, ensures evidence-based care, and provides autonomy and support to deliver focused care with a critical clinical perspective. Additionally, as it is based on the NP, it provides a framework for decision-making alongside the multidisciplinary team, ensuring that care is delivered comprehensively[22].

For individuals with intestinal stomas, being cared for by a nurse supported by a structured and specialized instrument promotes individualized care aimed at identifying their needs, preventing potential complications, and adapting to the stoma, which is of utmost importance for their quality of life[24].

In addition to the care support that this technology provides, its development also represents a tool for scientific and technological advancement in nursing, as its application in clinical practice may reveal possible gaps in the assessment process of these patients and the identification of other health problems in this population[22].

After the instrument is finalized, the study may undergo updates in light of scientific progress. Additionally, there is an intention to make it available, after validation with the target audience—generalist nurses—to health services in the state of Ceará for use in hospital settings.

Regarding the limitations of this study, the non-use of the Delphi technique and the number of specialists who reviewed the instrument can be cited. Thus, further research is intended to evaluate its effectiveness in implementing strategies to reduce post-operative complications during the creation of intestinal stomas.

CONCLUSION

The instrument was considered valid for use in the care of individuals with stomas in the hospital setting. It is believed that the use of this instrument will guide nurses towards making accurate clinical judgments, thereby benefiting professionals by enabling them to provide safe care. Additionally, it will bring benefits to patients who will receive care based on this technology.

It is suggested that the instrument be implemented and evaluated by generalist nurses in various settings and hospital environments where this patient population is served.

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Author contributions: VBSE: Project administration, writing – original draft, writing – review and editing, investigation, validation. YSFS: Project administration, formal analysis, writing – review and editing, investigation, validation. LRLS: Formal analysis, writing – original draft, writing – review and editing, methodology, validation. LFRM: Conceptualization, methodology, supervision, visualization. JBRG: Conceptualization, supervision, visualization. ADBM: Project administration, supervision, visualization.

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