



RESEARCH ARTICLE

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CONTENT VALIDATION OF OPERATIONAL DEFINITIONS OF HOSPITALIZATION ANXIETY IN CHILDREN

¹Gabriela Lisieux Lima Gomes, ²Ana Márcia Nóbrega Dantas and ³Maria Miriam Lima da Nóbrega

¹Nurse.PhD in Nursing, Federal University of Paraíba-UFPB, João Pessoa, Paraíba-PB; ²Nurse. PhD student in Nursing, Federal University of Paraíba-UFPB. João Pessoa, Paraíba- PB; ³Nurse. CNPqResearcher. PhD in Nursing, Federal University of Paraíba- UFPB. João Pessoa-PB

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*Corresponding author:

Gabriela Lisieux Lima Gomes

ABSTRACT

Objective: To perform content validation of the attributes of the nursing diagnosis of Hospitalization Anxiety in children. **Method:** Methodological study, with descriptive-reflective nature, which used the method of Content Validation, following the steps: 1) selection of experts; 2) identification of characteristics that represent the definition and the factors related to diagnosis in a study by experts; 3) and calculation of the total score of the studied diagnosis. **Results:** The operational definitions could be analyzed through the opinion of experts who participated in this stage, with a view to identifying agreement or disagreement of the definitions previously built. This process showed 100% of agreement among the experts, considering the operational definitions established for the essential characteristics of the Hospitalization Anxiety in children. **Conclusion:** The identification of the nursing diagnosis is of fundamental importance to achieve a qualified assistance. Therefore, a validation process of operational definitions of essential characteristics that reflect this phenomenon is contributing not only to the steps of the validation process of diagnoses, but also to the implementation of the nursing process and improvement of the care provided to children who experience this context.

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INTRODUCTION

Throughout history, Nursing has been attributing meanings to the phenomena inherent to the profession, thus building its field of knowledge. The attempt to organize its knowledge started in the 1950's, when there was a considerable advance in construction and in the organization of conceptual nursing models, which later served as a reference for the preparation of nursing theories (NÓBREGA & SILVA, 2008/2009). These nursing conceptual models and theories facilitated the identification of specific concepts of the profession, but at the same time raised the concern with the meanings of these concepts. In this sense, there stands out the importance of defining nursing concepts, facilitating and broadening the understanding between their agents, so that their meanings are widely understood, thus contributing to the scientific knowledge of the profession. A study carried out with the objective of building statements of nursing diagnoses, results and interventions for children hospitalized in the pediatric clinic of a university hospital identified the nursing diagnosis of Hospitalization Anxiety in 88.5% of the sample, composed

of children aged from 0 to 5 years (LIMA DE SOUZA; SILVA; MEDEIROS & NOBREGA, 2013). In addition, given its high prevalence, another study was developed with the possibility to deepen the knowledge about this theme, with emphasis on the analysis of the concept, thus enabling the identification of its essential characteristics (attributes, background and consequences) (GOMES; FERNANDES & NOBREGA, 2016). The concept of this diagnosis holds, structurally, a number of other (related) concepts. Furthermore, the performed concept analysis assists nurses' clinical reasoning on its identification as a nursing diagnosis, planning and implementation of interventions, as well as the evaluation of the results obtained through the nursing care provided. Therefore, the Hospitalization Anxiety in children constitutes a nursing diagnosis experienced in the context of illness, which, in turn, is related to a number of factors and other symptoms, and may generate consequences in the recovery process of the hospitalized child, as well as in the child's development. Moreover, it is an abstract nursing diagnosis, with psychological nature, which often reveals in association with

other symptoms, influenced by different situations (background) and that can generate consequences in the short or long term (consequences). Considering the aforementioned concept analysis, there emerges the need to carry out the operational definition of attributes that define Hospitalization Anxiety in children aiming to contribute to its identification by nurses who work in pediatric clinical practice. For this purpose, the relevance of the study focuses on the prospect of enabling the theoretical foundation as a way to assist its identification in the practical nursing care, contributing to the scientific growth of the profession. In this way, considering the relevance of the theoretical foundation of phenomena inherent to nursing for the structuring of science, the objective of this study is to perform the content validation of the attributes of the nursing diagnosis of Hospitalization Anxiety in children.

MATERIALS AND METHODS

Methodological study, with descriptive-reflective nature, which proceeded with the structuring of operational definitions of the background, attributes, and consequence of this diagnosis, based on the Theory of Unpleasant Symptoms, theoretical framework that supports this research. Subsequently, experts performed the content validation in order to assess the concordance of the definitions of those elements as characteristics that represent their diagnostic concept. To do so, they were informed about the study objectives and the methodological step and consented the participation by signing the Informed Consent Form. For the construction of the operational definitions, there were searches in the literature of the area, considering the concepts related to the essential characteristics of Hospitalization Anxiety in children. These definitions were also supported by the Systems of Classification of Nursing Diagnoses, especially the International Classification for Nursing Practice (ICNP™), in addition to the researcher's experience in relation to the care with the hospitalized child. For this purpose, the steps presented by Waltz, Strickland and Lenz (2010) were used, which include: 1) Development of a preliminary definition; 2) Literature review; 3) Mapping of the concept meaning; and 4) Affirmation of the operational definition. Importantly, several rules can assist in the preparation of operational definitions, namely: a) list all the concept definitions; b) list the synonyms and their definitions, which are used to differentiate between concepts and identify differences of meanings; c) list examples of the concept identified in the literature. Subsequently, the experts performed the content validation, which consists of one of the steps of the Validation process of the diagnosis, in which the list of essential characteristics (attributes, background and consequences), as well as their respective operational definitions are assessed by experts aiming to verify the consistency of such elements as characteristics that represent the concept of the diagnosis Hospitalization Anxiety in children. This referred validation used the technique of validation by consensus, in which nurses, specialists in the area, were invited to assess the operational definitions built for the essential characteristics of the Hospitalization Anxiety in children. For this purpose, an Instrument with operational definitions was used, in which the specialist nurses issued their opinions regarding the agreement, disagreement or suggestions for those definitions, considering their knowledge and experience in the area of Child Health Under the perspective of Hoskins (1989), an effective clinical validation requires the following steps: 1) selection of experts to consider the relevant elements; 2) identification of characteristics that represent the

definition and the factors related to diagnosis in a study by experts; 3) and calculation of the total score of the studied diagnosis. Another relevant aspect regarding the selection of experts relates to the clinical experience and theoretical knowledge from experts outside the processes of diagnostic analysis. According to the aforementioned author, there is no mention in the literature of a certain number of experts to validate a nursing diagnosis. For Carvalho et al. (2008), this is a critical point in validation studies, considering the limitations in the selection of experts due to the high uniformity in the selection criteria. The difficulties are usually related to degree, the expertise and the size of the sample that sometimes is susceptible to the availability of professionals with the desired competence. In this way, and considering the difficulty to select nurses with the necessary expertise, four experts were selected in this study. As an inclusion criterion for the content validation, Brazilian nurses were selected, registered on the Lattes Platform, with at least a master's degree, experience in assistance, in teaching and/or research in the following areas: Child Health Nursing, Mental Health Nursing and/or International Classification for Nursing Practice (ICNP™). As exclusion, specialist nurses who were not professors in the area of Child and Adolescent Health and specialist nurses not linked to the research group on the reasoning of nursing assistance (GEPFAE). The data collection instrument used in this research step was structured containing operational definitions of the essential characteristics of the diagnosis Hospitalization Anxiety in children (attributes, background and consequences). It is opportune to mention that, for this purpose, there was the previous review of these characteristics, in order to facilitate the analysis of the diagnostic concept by the specialist nurses.

RESULTS AND DISCUSSION

The process of refinement of the studied diagnosis included, as a first step, the Restructuring of the diagnosis Hospitalization Anxiety in children, based on the Theory of Unpleasant Symptoms.

Table 1. Characterization of specialist nurses according to age, sex, degree, area of knowledge, time and professional performance. João Pessoa, 2020

Variables	N°	%
Age		
21-30	1	25
31-40	1	25
41-50	2	50
Total	4	100%
Sex		
Female	4	100
Total	4	100%
Degree		
MSc	2	50
PhD	2	50
Total	4	100%
Child/anxiety/ICNP™ professional experience area*		
Teaching	3	27.2
Research	4	36.4
Assistance	4	36.4
Total	11	100%
Knowledge about the Nursing process or diagnostic language?*		
Teaching	3	37.5
Research	2	25
Assistance	3	37.5
Total	8	100%
Knowledge about the International Classification for Nursing Practice/ ICNP™?*		
Teaching	3	37.5
Research	2	25
Assistance	3	37.5
Total	8	100%

*Variable that allows more than one option.

Chart 2. Operational definitions, validated by specialists, of the attributes, antecedents and consequences of Hospitalization Anxiety in children. João Pessoa, 2020

Attributes of Hospitalization anxiety in children	
Biological Needs	Operational Definition
Altered appetite	State in which the child has altered desire to satisfy bodily/organic needs of one or more types of food, characterized by changes in food intake habits, food intolerance, difficulty chewing or swallowing, sadness, nervousness, decreased appetite, weight loss and abdominal pain.
Dyspnea	State in which the child has a respiratory system impaired by difficulty and discomfort when breathing, evidenced by forced movement of air in and out of the lungs, flapping of the nasal wings, short breathing associated with insufficient oxygen in the circulating blood, shortness of breath and feeling of discomfort.
Tachycardia	State in which the child has a fast heartbeat, evidenced by irritability, palpitation, dizziness, chest pain sensation and abnormal heart rate, above 120bpm in children aged 3 through 5 years, 110bpm in children over 6 years and adolescents.
Increased surveillance status	State in which the child has difficulty sleeping, associated with an unfavorable environment, psychological and/or biological factors, evidenced by emotional stress, pain, discomfort, tension, disturbance of brain function and drug abuse.
Apprehension	State in which the child presents fear and tension, evidenced by restlessness, decreased sleep and rest and fear of the clinical condition.
Crying	State in which the child presents voluntary or involuntary crying, associated with biological, psychological or environmental factors, evidenced with the occurrence or not of tears in response to pain, fear or mourning.
Altered emotional state	State in which the child presents restlessness, fear and emotional instability, associated with withdrawal from the support network, biological, psychological and/or social factors, evidenced by a maladaptive reaction to different situations and/or stimuli.
Decreased concentration	State in which the child has a lack of attention, evidenced by restlessness and difficulty focusing on the execution of activities.
Impulsivity	State in which the child is manifested by spontaneous and thoughtless instinct, evidenced by the sudden action according to feelings or desires.
Restlessness	State in which the child exhibits the restless behavior that prevents peace and tranquility, evidenced by agitation, nervousness, restlessness that impairs rest, submission to procedures and unpleasant environment.
Irritability	State in which the child presents with an irritable tendency, originated by a mental or biological response to internal or external stimuli, evidenced by boredom, feelings of displeasure, breathing, sleep and skin disorders.
Fear	State in which the child is afraid of unknown or known situations, evidenced by a feeling of threat or danger, fear, discomfort, crying, trembling, insecurity, psychological struggle or escape response.
Anguish	State in which the child is uneasy about something or someone, evidenced by sadness, distress, restlessness, a feeling of tightness in the chest and suffering.
Nervousness	State in which the child has a state of general excitement, evidenced by mood instability, cold hands, tachycardia, sweating, frequent urination, disturbance, tremor of the hands and a flushed face.
Insecurity	State in which the child is unprotected, without security, evidenced by fear, helplessness, lack of confidence in him/herself and feeling of uncertainty.
Loss of autonomy	State in which the child has no decision-making capacity, evidenced by the inability to decide and act in the face of experienced situations.
Concern	State in which the child introjects a fixed idea, evidenced by its inclusion in verbal or non-verbal manifestations.
Feeling of abandonment	State in which the child feels alone, excluded and helpless, evidenced by emotional isolation or withdrawal, low self-esteem, melancholy and sadness.
Feeling of punishment and guilt	State in which the child has a feeling of punishment and reprimand evidenced by responsibility for the hospitalization process.
Tension	State in which the child has apprehension regarding the clinical condition, procedures or fear of the unknown, evidenced by physical and mental malaise due to the clinical condition.
Tremor	State in which the child presents involuntary uncontrolled motility, evidenced by rhythmic movements of a certain part of the body.
Sadness	State in which the child presents with lack of joy, evidenced by feelings of grief, melancholy and lack of energy.
Background of Hospitalization anxiety in children	
Physiological Factors	Operational Definition
Experience of submission to invasive procedures	Situation in which the child is subjected to the insertion of an instrument or device in the skin or in a body orifice, for the purpose of diagnosis and treatment, evidenced by venipuncture, dressings, catheterizations and surgical procedures.
Pain/suffering experience	Situation in which the child is exposed to an unpleasant or painful sensation, of varying intensity, caused by an abnormal state of the organism or part of it and mediated by the stimulation of nerve fibers that take painful impulses to the brain, characterized by facial expression of pain, reduced focus of attention, altered muscle tone, restlessness, altered sleep, irritability, crying and loss of appetite.
Psychological Factors	Operational Definition
Unawareness of procedures	Situation in which the child is submitted to different unfamiliar procedures, evidenced by the lack of knowledge, doubts and lack of information.
Superficial relations with health professionals	Situation in which the child is unable to establish a relationship of trust with the health professional, due to the trauma established in hospitalization, evidenced by irritability, crying, withdrawal and rejection to the professional.

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Situational Factors	Operational Definition
Distance from the family context	Situation in which the child is far from family life due to illness, evidenced by the child's departure and companion for hospitalization.
Previous Hospitalizations	Situation in which the child is hospitalized repeatedly, evidenced by a history of previous hospitalizations.
Insertion in an unknown environment	Situation in which the child experiences unknown environment and people surrounded by unknown people, evidenced by the hospitalization process.
Deprivation of recreational activities	Situation in which the child has recreational activities interrupted due to hospitalization, evidenced by deprivation of activities that include games and interactions with other children.
	Consequences of Hospitalization anxiety in children
	Operational Definition
Social anxiety	Clinical condition that includes marked fear about one or more social situations in which the child is exposed to possible evaluation by other people, evidenced by anxiety due to a condition imposed by the environment.
Phobias	Clinical condition that includes anxiety triggered by a violent fear reaction, which manifests itself recurrently, when the child is faced with certain circumstances or specific objects, evidencing fear and intense denial related to certain situations to which the child is submitted.
Revolt	Clinical condition that involves feelings of anger in the face of affront, injustice or aggressive attitudes perceived by the child, evidenced by the child's irritability, incomprehension, indignation, disgust and disquiet when disagreeing with certain situation.
Separation anxiety	Clinical condition of inappropriate and excessive fear in relation to the separation of familiar figures, evidenced by anxiety due to the separation of the child from the social and family context.
Generalized anxiety	Clinical condition of excessive anxiety and worry, evidenced by an anxious child who is easily tired in various situations, difficult concentration, irritability, muscle tension, sleep disorders, altered food intake, respiratory and heart rate.
Post-traumatic stress	Clinical condition of stress that occurs after a traumatic event and with specific symptoms, evidenced by a situation of psychological disorder related to some trauma experienced by the child.

For this purpose, considering this symptom as a central focus and its influence as an indicator of changes in the normal operation experienced by the hospitalized child, it is important to analyze the Anxiety, its attributes, background and consequences from the perspective of the theoretical framework mentioned. In order to operationalize the validation by consensus of the essential characteristics of the diagnosis Hospitalization Anxiety in children, there was the distribution of the list of essential characteristics with their respective operational definitions, so that each specialist could select those definitions relevant for clinical practice. Thus, attributes, background and consequences reviewed and updated were structured to compose a new framework with the essential characteristics of Hospitalization Anxiety in children. Following in steps of the model proposed by Hoskins (1989), Table 1 shows the data related to the characterization of the four specialist nurses who participated in the consensus in the validation phase of the research. As evidenced, there was a predominance of specialists aged 41 through 50 years (N=2; 50%) and all of them were female (n = 4; 100%). Concerning the degree, two experts were MSc (N = 50%), and the other two, Ph.D. (N = 50%), and one of them had completed the post-doctoral stage. As for the area of professional experience child/anxiety/ICNP™, three of them had experience in the Teaching area (N = 27.2%), whereas four nurses had experience in the area of research and assistance (N = 36.4%). Regarding the knowledge about the Nursing process or diagnostic language, three nurses had knowledge about the theme focused on performance in teaching and assistance (N = 37.5), whereas two reported experience in Research (N = 25%). In relation to the knowledge about the International Classification for Nursing Practice, three nurses demonstrate knowledge in relation to the ICNP™ focused on teaching and assistance (N = 37.5), whereas two nurses reported having knowledge in relation to the ICNP™ directed to the Research area. For the last three variables (Area of professional experience child/anxiety/ICNP™, Knowledge about the Nursing process or diagnostic language and Knowledge about the International

Classification for Nursing Practice (ICNP™), the same specialist nurse could report the experience and/or expertise in more than one area. This is possible because Nursing allows the performance of professionals in different areas, and, consequently, provides experience and knowledge that may be related to the Teaching, Research and/or assistance.

Regarding the validation process of the essential characteristics here described and considering it as indispensable step to accomplish the validation process of Hospitalization Anxiety in children, table 2 is the result from the operational definitions of attributes, background and consequences of Hospitalization Anxiety in children. Operational definitions of the essential characteristics of nursing diagnoses represent an important requirement for studies and development in clinical practice of the diagnosis Hospitalization Anxiety in children, in addition to promoting the understanding of the nomenclature for professionals and providing a significant increase in their care performance concerning the hospitalized child. Studies carried out in the same perspective have gained visibility in Brazil, such as the operational definitions developed for the nursing diagnosis decreased cardiac output, which allowed structuring 38 conceptual definitions of the defining characteristics of this diagnosis (MARTINS; MEIRELES; RABELO & ALITI, 2012). Another study aimed to validate the operational definitions of the defining characteristics and risk factors of the nursing diagnoses related to skin (Impaired Skin Integrity, Risk of Impaired Skin Integrity and Impaired Tissue Integrity), allowing the analysis of 146 operational concepts (RIBEIRO; LAGES & LOPES, 2012). A research that aimed to build the conceptual and operational definitions of the defining characteristics and related factors of the nursing diagnosis Acute Pain showed the occurrence of this concept in 799 publications, of which 80 articles were selected and enabled the structuring of 17 defining characteristics and 3 related factors of this diagnosis (CORREIA & DURAN, 2017).

The study whose goal was the conceptual validation of the defining characteristics of the nursing diagnosis respiratory symptoms in neonates (Ineffective Respiratory Pattern, Impaired Gas Exchange and Impaired Spontaneous Ventilation in newborns) enabled a consensus of 80% of the definitions, resulting in its validation (AVENA; PEDREIRA & GUITIÉRREZ, 2014). Considering the structuring of operational definitions recommended by scholars of diagnostic validation as an indispensable step, it is pertinent to highlight the need for increased studies in this perspective, since the critical judgment of nurses and the knowledge of operational definitions of nursing diagnoses provide subsidies for operationalization of the nursing process. However, the publication of scientific researches for developing operational definitions of ICNP™ nursing diagnoses is still incipient, since there were no publications in this perspective. In this way, the structuring of operational definitions of the essential characteristics of Hospitalization Anxiety in children focuses on the perspective of clarifying the concepts inherent to the phenomenon in question, in order to enable the understanding of its meaning, but, above all, contribute to identifying the background, attributes and consequences, as well as to identifying the nursing diagnosis in question in the perspective of the nursing care with the child.

Conclusion

The present study allowed for the content validation of the attributes of the nursing diagnosis of Hospitalization Anxiety in children, in addition to the reflection on the process of restructuring this diagnosis with the precepts of the Theory of Unpleasant Symptoms, based on the symptom's multidimensionality. This fact was possible through the mapping of the essential characteristics of this diagnosis (attributes, background and consequences) with the Theory of Unpleasant Symptoms, indicating the relationship between its components. Furthermore, it was possible to structure the operational definitions of those characteristics, allowing understanding their meanings and, consequently, contributing to the identification of Hospitalization Anxiety in children. The symptoms experienced by individuals, as well as their factors and dimensions, influence each other so that the theory allows the management of multiple symptoms or a symptom can influence and contribute to the management of another. In this way, considering the Hospitalization Anxiety as a symptom experienced by children in relation to the disease process, the use of this theory is also believed to provide a reflection about the phenomenon and thus work as a guide for further researches.

Moreover, the goal is to contribute to nurses' knowledge about the dimensions of symptoms, based on the premise of their definitions, as well as their relationships, interactions and precipitating factors, which subsidize the construction of effective non-pharmacological interventions and, thus, promote the quality of nursing care.

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