



ASSISTANCE TO PATIENTS WITH CHRONIC ULCER: PROTOCOL VALIDATION ASSISTÊNCIA AOS PORTADORES DE ÚLCERA CRÔNICA: VALIDAÇÃO DE PROTOCOLO ASISTENCIA A LOS PACIENTES CON ÚLCERA CRÓNICA: VALIDACIÓN DE PROTOCOLO

Glycia Almeida Nogueira¹, Alessandra Conceição Leite Funchal Camacho²

ABSTRACT

Objectives: validating a nursing protocol for care to people with chronic ulcer supported in NANDA, NIC and NOC and checking the concordance index of expert nurses in chronic ulcer. **Method:** descriptive with quantitative approach, which will be conducted via email through emission of two forms, the first containing the identification of the profile of the experts and the second will be the care protocol to people with chronic ulcers. The population should be made up of a group of expert judges on the theme. Data collection will be accomplished by applying the Delphi technique and latter will be tabulated and analyzed using the Kappa index and the index of content validity. The research project was approved by the Research Ethics Committee, CAAE: 35030514.3.0000.5243. **Expected results:** spread the use of nursing classifications as a means of standardizing the language, from the use of a protocol of chronic ulcers covering all stages of the nursing process. **Descriptors:** Nursing Protocols; Ulcer; Wound Healing.

RESUMO

Objetivos: validar um protocolo de enfermagem para a assistência a pessoas com úlcera crônica respaldado na NANDA, NIC e NOC e verificar o índice de concordância de enfermeiros expertise em úlcera crônica. **Método:** descritivo com abordagem quantitativa, que será realizado via e-mail através da emissão de dois formulários, o primeiro contendo a identificação do perfil dos especialistas e o segundo será o protocolo de assistência a pessoas com úlceras crônicas. A população deverá ser composta por um grupo de juízes especialistas na temática. A coleta de dados será realizada mediante a aplicação da Técnica Delphi e posteriormente, serão tabulados e analisados através do índice Kappa e o índice de validade de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: 35030514.3.0000.5243. **Resultados esperados:** disseminar o uso das classificações de enfermagem, como meio de padronizar a linguagem, a partir da utilização de um protocolo de úlceras crônicas contemplando todas as etapas do Processo de Enfermagem. **Descritores:** Protocolos de Enfermagem; Úlcera; Cicatrização de Feridas.

RESUMEN

Objetivos: validar un protocolo de enfermería para la atención a las personas con úlcera crónica apoyados en la NANDA, NIC y NOC y comprobar el índice de concordancia de las enfermeras expertas en la úlcera crónica. **Método:** es un estudio descriptivo con enfoque cuantitativo, que se llevará a cabo por correo electrónico a través de la emisión de dos formas, la primera contiene la identificación del perfil de los expertos y la segunda será el protocolo de atención a las personas con úlceras crónicas. La población debe estar compuesta por un grupo de jueces expertos en el tema. La recogida de datos se llevará a cabo mediante la aplicación de la Técnica Delphi y, posteriormente, se tabularon y analizaron utilizando el índice de validez Kappa y el índice de validez de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE: 35030514.3.0000.5243. **Resultados esperados:** difundir el uso de las clasificaciones de enfermería como un medio de normalización de la lengua, de la utilización de un protocolo de úlceras crónicas que cubren todas las etapas del Proceso de Enfermería. **Descritores:** Protocolos de Enfermería; Úlcera; Cicatrización de la Herida.

¹Nurse, Specialist Practician, Master's Student, Program in Health Care Sciences, Fluminense Federal University/EEAAC/UFF, Niterói (RJ), Brazil. Email: glycianog@yahoo.com.br; ²Nurse, Professor of Nursing, Department of Nursing Fundamentals and Management, School of Nursing Aurora de Afonso Costa/University Federal Fluminense/EEAAC/UFF, Niterói (RJ), Brazil. Email: cicacamacho@uol.com.br

INTRODUCTION

The leg ulcer is a lesion that is below the knee of the leg to any extent, being classified as a chronic wound, or a wound that has stagnated for a period of six weeks or more, which requires a nursing structured intervention.¹

The wounds have various etiologies, the venous origin being the most common, with 70% of cases, followed by the arterial origin with 10 to 20% of cases of mixed etiology and 10 to 15%. The main causes of the onset of leg ulcers are chronic venous hypertension, arterial disease or a combination of the previous two. Less frequent causes include neuropathy, infection, vasculitis, cancer, blood and metabolic disorders, lymphedema and iatrogenic origin.²

Among the professions of health, nursing has a prominent role, by dealing directly in the assessment and treatment of wounds, being responsible for carrying out the bandages in various environments of health services. In addition, the nurse must have sufficient skills and expertise to evaluate multidimensional individuals who have these lesions in order to provide an appropriate therapeutic approach, both in treatment and in the management of intervening factors, systematically.³

Aiming at individualized service and quality to people with wounds, the adoption of the Systematization of Nursing Assistance (SAE) is ideal for nurses can apply their technical and scientific knowledge in healthcare practice, favoring care and the organization of the necessary conditions to be performed.

Moreover, several studies have cited the Systematization of Nursing Assistance, in the form of nursing process, as enabler of improvements in the quality of nursing care, contributing to greater autonomy, service organization and strengthening of scientific knowledge.⁴⁻⁵⁻⁶⁻⁷

The current demands require the improvement of systematization of nursing care from the adoption of classification systems to describe and standardize the situations of professional practice.

The adoption of classification systems allows the use of a single, standardized language, which favors the communication process, the data collection for care planning, the development of research, vocational education and learning process and ultimately confers scientific care, and that the EP is carried out systematically and efficiently, protocols must be implemented which are instruments that allow the realization of a

practice with standardized language, showing the forms of action of the professionals in the concrete problems of promotion, prevention and recovery of health, providing guided assistance in clinical reasoning, individualized and of quality.⁸⁻⁹

It stands out well the importance of standardization of care for people with chronic ulcers based on scientific evidence, to justify the care of patients with injuries, and promote thus their security.

OBJECTIVES

- Validating a nursing protocol for the care to people with chronic ulcer supported in NANDA, NIC and NOC.
- Checking the nurses concordance index, with expertise in chronic ulcers about the diagnostic statements (NANDA), interventions and outcomes of nursing proposals (NIC/NOC).

METHOD

It is a non-experimental, descriptive study with a quantitative approach.

In the present study we chose the Delphi technique that seeks to obtain consensus of opinion of a group of experts through structured questionnaires, circulated among the participants, with the completion of statistical feedback to each response, to reach a consensus.¹⁰

The study will be conducted via email through the issue of two forms, the first containing the identification of experts and the second profile is the people care protocol with chronic ulcers, accompanied by the consent form and an invitation letter explaining the research proposal.

The covered population will consist of a panel of judges that through the active search through initial consultation with an expert in the subject, will be asked to indicate other participants also specialists. In contact with these indicated, it is requested new indication of other participants, and so on, becoming a "snow-ball".

The technique of "snow-ball" enables the definition of sample by nominating persons who have characteristics common to the interests of research. With the approach of the sample type "snow-ball" (or network sampling), is asked to initial members of the sample indicating others that meet the inclusion criteria for the composition of the research sample.¹¹⁻¹²

However, experts must meet the following inclusion criteria: being a nurse; have broad sense training or strict sense in nursing; have experience of at least 1 year in clinical

practice with people with chronic ulcers or in the systematization of nursing care; and possess academic-scientific production (articles, papers, research reports) in the area of chronic ulcers or systematization of nursing care. And as an exclusion criterion expertise that while collecting data not return the questionnaire within the deadline.

There will be performed two instruments for the production of data. One facing the identification of the profile of experts, consisting of socio-demographic and professional variables: age, gender, institution where he works, work sector, professional experience of time, degree and scientific works in the field of chronic wounds or systematization of nursing care (Figure 1).

Personal and professional characterization variables	Categories
Institution where he works	Which institution
Age	In years
Gender	1. Male; 2.Female
Work sector	1. Outpatient; 2.Clinical; 3. Surgical Clinic; 4. Education; 5. Other
Time of experience	In years
Title	1 Mastership 2 Doctorate 3 Master's Student 4 Doctoral Student
Scientific work in the areas of chronic wounds or systematization of nursing care (SAE)	1 Chronic wounds 2 SAE

Figure 1. Sociodemographic and professional characterization variables.
Niterói/RJ - 2014

The other of assessing the content of the proposed protocol containing, in Part I, identification data and sociodemographic patient's name, medical record number, age, gender, education, address, date of admission and birth, race, occupation, family income, source of income and marital status.

Part II includes the history, which is divided according to the NANDA domains: domain I - health promotion, domain II - nutrition, domain IV - activity/rest, domain VI - self-perception, domain IX - coping/stress tolerance, domain XI - safety/protection and domain XII comfort.

Part III relates to the assessment of injury, and this has the following variables: type of injury, location, size, the bed characteristic type of exudate and its amount, depth, odor, product, conditions the edges, adjacent skin, signs of infection, pruritus, edema, temperature around the injury, peripheral capillary perfusion pulse, treatment time, number of relapses arm ankle index and requirements for self-care.

The nursing diagnosis, planning and implementation will be addressed in Part IV. And in Part V, there is the nursing prescription.

Selected participants will be contacted by email. Correspondence will be sent in order to explain the purpose of the judge's participation, inquiring about their participation in the survey from an invitation letter.

From this perspective, if accepted, the judge will respond to email confirming their

participation, as well as sign the consent form. And shortly thereafter, you will be sent the form containing the socio-demographic and professional variables of judges and the chronic ulcers protocol.

File refund will be requested within 30 days, if the judge does not respond within this period will be excluded from the study.

After receiving the questionnaire, the researcher will analyze the responses of judges through descriptive statistics, trying to bring together key arguments the different trends of responses, considering the level of consensus.

From the first round consensus, the questionnaire can be reset and the issues that obtained the consensus will be deleted, while those who did not obtain the consensus in the first round will be presented in the second round with the hit statistics show in each answer. At that time, the participant is asked to reassess its position before the statistical forecasting, in each issue.

This process is repeated in subsequent rounds until it reaches the predetermined consensus of 80%. That is, to characterize a process Delphi technique, at least two rounds must be applied.

Instrument validation, judges' assessments will be entered into the spreadsheet, which will be checked the scores assigned to each item. The relevance of the items will be obtained by intra-observer and inter-observer agreement using the Kappa index (K) and content validity index (CVI).

We opted for the Kappa index is an adjusted agreement indicator, considering discounting at the end computation, the correlation factor due to chance. The interpretation of the values of the Kappa index was summarized in Figure 2.

Kappa Index (K)	Level of agreement
< 0,00	Bad
0,00 a 0,20	Weak
0,21 a 0,40	Poor
0,41 a 0,60	Regular
0,61 a 0,80	Good
0,81 a 0,99	Great
1,00	Perfect

Figure 2. Distribution of Kappa (K) index and their levels of interpretation of agreement.¹³

The Kappa index shows the proportion of agreement ranging from minus 1 to plus 1, the closer to 1, the better the level of agreement among observers.

In this study, judge agreement or disagreement, resulting in the proportion of

IVC = $\frac{\text{Agreement}}{\text{Total of judges}}$

The data collected will be organized in an electronic data sheet and subsequently exported to a statistical software. After being coded and tabulated, the data is analyzed using reflective reading and using descriptive statistics with absolute and relative frequencies, mean scores of variables and application of Kappa test via the Online Calculator Kappa and IVC.¹⁵

For Delphi first phase will be held initial analysis containing all categories and items proposed in the protocol evaluating the Kappa and the IVC. After the second analysis will be maintained only items that achieve Kappa and IVC scores equal to or greater those used in this study.

Delphi 2 phase will be characterized by checking the protocol from the Kappa index and IVC, and compared to the previous phase (Delphi 1).

In SPSS 20.0 program, descriptive analyzes with absolute and relative frequencies will be held, average scores of variables and inferential analysis compared the variables between phases Delphi 1 and 2, with statistical significance level of p-value <_ 0,05 and in applying the Wilcoxon test is a nonparametric test of significance.¹³

In this sense, it assumes that it is possible to achieve the Protocol's validity from the trial judges by Delphi Technique.

After being coded, tabulated and analyzed, the data will be presented as tables and charts to be discussed.

There will be subject to the rules of Resolution nº 466/12 of the National Health Council-Ministry of Health, which provides for

judges who judged the item as valid to stay in the protocol by the total of judges, according to the formula below. As a consensus, it was considered the largest IVC than 0, 80.¹³

guidelines and regulations of research involving the participation of humans. The dissertation project of the Graduate Program in Nursing at the Federal Fluminense University (UFF) was approved by the Research Ethics Committee on September 19th, 2014, under the case number 35030514.3.0000.5243.

For the subjects, it will clarify the objectives and importance of this study and who agree to participate will be asked to consent in writing from the Instrument of Consent.

EXPECTED RESULTS

Spread the use of the classifications of nursing, as a means of standardizing the language, from the use of a chronic ulcer Protocol contemplating all the steps of the Nursing Process.

REFERENCES

1. Brown A. Does social support impact on venous ulcer healing or recurrence? *Br J Community Nurs.* 2008; 13(3): 6-10.

2. Werchek S. Diagnosis and treatment of venous leg ulcers. *Nurse Pract.* 2010; 35(12): 46-53.

3. Malaquias SG, Bachion MM, Nakatani AYK. Risco de integridade da pele prejudicada em idosos. *Cogitare Enferm* [Internet]. 2008 [cited 2014 Nov 9];13(3):428-36. Available from: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/view/13040/8820>

4. Vieira VB, Patine FS, Paschoal VDA, Brandão VZ. Sistematização da assistência de

NogueiraGA, Camacho ACLF.

Assistance to patients with chronic ulcer...

enfermagem em um ambulatório de hanseníase: estudo de caso. Arq. Ciênc Saúde [Internet]. 2004 [cited 2014 Mar 3];11(2). Available from: <http://www.cienciasdasaude.famerp.br/racs/ol/Vol-11-2/ac05%20-%20id%2013.pdf>

5. Lima AFC, Kurgant P. O processo de implementação do diagnóstico de enfermagem no Hospital Universitário da Universidade de São Paulo. Rev Esc Enferm [Internet]. 2006 [cited 2014 Oct 10]. 40(1): 111-116. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342006000100016

6. Hermida PMV, Araújo IEM. Sistematização da assistência de enfermagem: subsídios para implantação Rev Bras Enferm [Internet]. 2006 [cited 2014 Oct 25];59(5):675-9. Available from:

<http://www.scielo.br/pdf/reben/v59n5/v59n5a15.pdf>

7. Gaidzinsk RR, Soares AVN, Lima AFC, Gutierrez BAO, Cruz DALM, Rogenski NMB et al. *Diagnóstico de enfermagem na prática clínica*. Porto Alegre: Artmed; 2008: 368.

8. Malagutti W, Kakiyara CT. Curativos, estomias e dermatologia: uma abordagem multiprofissional. São Paulo: Martinari; 2010: 544.

9. Dantas DV, Torres GV, Nóbrega WG, Macedo EAB, Costa IKF, Melo GSM et al. Assistência a portadores de úlceras venosas baseada em protocolos: revisão de literatura em bases de dados eletrônicas. Rev enferm UFPE [Internet]. 2010 [cited 2014 Nov 10];4(spe):1944-950. Available from:

<http://www.revista.ufpe.br/revista/enfermagem/index.php/revista/article/viewFile/1481/pdf254>

10. Hasson F, Keeney S, McKenna H. Research guidelines for the Delphi survey technique. J Adv Nurs. [Internet]. 2000 [cited 2014 Nov 5];32(4):1008-15. Available from:

<http://www.ncbi.nlm.nih.gov/pubmed/11095242>

11. Oliveira ADS, Santos AMR, Amorim FCM, Carvalho AMC, Camara JT, Carvalho PMG. Aspectos sócio-políticos da implantação da Central de Transplantes de Piauí. Rev Bras Enferm [Internet]. 2007 [cited 2014 Nov 5];60(4):405-9. Available from:

http://www.scielo.br/scielo.php?pid=S0034-71672007000400009&script=sci_arttext

12. Chaves TV, Sanches ZM, Ribeiro LA, Nappo SA. Fissura por crack: comportamentos e estratégias de controle de usuários e ex-usuários. Rev Saúde Pública [Internet]. 2011 [cited 2014 Nov 10];45(6): 1168-75. Available from:

<http://www.scielo.br/pdf/rsp/v45n6/2774.pdf>

13. Pereira MG. Qualidade dos serviços de saúde. In: Pereira MG. Epidemiologia: teoria e prática. Rio de Janeiro: Guanabara Koogan, 1995.

14. Grant JS, Davis LL. Selection and use of content experts for instrument development. Rev Nurs Health [Internet]. 1997 [cited 2014 Oct 10];(20)3:269-74. Available from: [http://onlinelibrary.wiley.com/doi/10.1002/\(SICI\)1098-240X\(199706\)20:3%3C269::AID-NUR9%3E3.0.CO;2-G/abstract](http://onlinelibrary.wiley.com/doi/10.1002/(SICI)1098-240X(199706)20:3%3C269::AID-NUR9%3E3.0.CO;2-G/abstract)

15. Randolph JJ. Online Kappa Calculator. Retrieved October 10, 2012.

Submission: 2014/11/12

Accepted: 2015/05/07

Publishing: 2015/07/01

Corresponding Address

Glycia de Almeida Nogueira
Rua Cedro Rosa, 35 / Casa 03
Bairro Engenho do Mato
CEP 24344-566 – Niterói (RJ), Brazil