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PATIENTS' PERCEPTION OF MISSED NURSING CARE: CROSS-CULTURAL ADAPTATION INTO BRAZILIAN PORTUGUESE

Percepção dos pacientes sobre omissão dos cuidados de enfermagem: adaptação transcultural para o português do Brasil

Percepción de los pacientes de la omisión de cuidados de enfermería: adaptación transcultural al portugués de Brasil

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RESUMO
Objetivo: adaptar transculturalmente o "*Patient Perceptions of Missed Nursing Care: Interview Guide*" para o português do Brasil. **Método:** estudo metodológico realizado em um hospital geral de ensino de médio porte de Minas Gerais. Foram seguidas as etapas: tradução, síntese, retrotradução, avaliação por comitê de juízes (equivalências semântica, idiomática, cultural e conceitual), e pré-teste. Adotado índice de validade de conteúdo igual ou superior a 0,80. **Resultados:** o comitê de juízes composto por cinco avaliadores considerou a versão síntese apropriada, obtendo IVC superior a 0,80 para todos os itens. O pré-teste foi realizado com uma amostra de 10 pacientes, com tempo de resposta variando de 10 a 15 minutos. A versão

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adaptada foi avaliada positivamente. **Conclusão:** os itens do instrumento adaptado transculturalmente são adequados para a realidade da cultura brasileira, mantendo o propósito do documento original.

DESCRITORES: Enfermagem; Cuidados de enfermagem; Pacientes; Assistência ao paciente; Estudo de validação.

ABSTRACT

Objective: to cross-culturally adapt the "Patient Perceptions of Missed Nursing Care: Interview Guide" into Brazilian Portuguese. **Method:** methodological study carried out in a medium-sized general teaching hospital in Minas Gerais. The following stages were followed: translation, synthesis, back-translation, evaluation by a committee of judges (semantic, idiomatic, cultural and conceptual equivalence), and pre-test. A content validity index equal to or greater than 0.80 was adopted. **Results:** the committee of judges made up of five evaluators considered the synthesis version to be appropriate, obtaining a CVI of over 0.80 for all the items. The pre-test was carried out on a sample of 10 patients, with response times ranging from 10 to 15 minutes. The adapted version was positively evaluated. **Conclusion:** the items in the cross-culturally adapted instrument are suitable for the reality of Brazilian culture, maintaining the purpose of the original document.

DESCRIPTORS: Nursing; Nursing care; Patients; Patient care; Validation study.

RESUMEN

Objetivo: adaptar transculturalmente la "Patient Perceptions of Missed Nursing Care: Interview Guide" al portugués brasileño. **Método:** estudio metodológico realizado en un hospital general docente de tamaño medio de Minas Gerais. Se siguieron las siguientes etapas: traducción, síntesis, retro-traducción, evaluación por un comité de jueces (equivalencia semántica, idiomática, cultural y conceptual) y pre-test. Se adoptó un índice de validez de contenido igual o superior a 0,80. **Resultados:** el comité de jueces, compuesto por cinco miembros, consideró adecuada la versión sintetizada, obteniendo un IVC superior a 0,80 para todos los ítems. El pre-test se realizó sobre una muestra de 10 pacientes, con tiempos de respuesta que oscilaron entre 10 y 15 minutos. La versión adaptada fue evaluada positivamente. **Conclusión:** los ítems del instrumento adaptado transculturalmente son adecuados a la realidad de la cultura brasileña, manteniendo el propósito del documento original.

DESCRIPTORES: Enfermería; Atención de enfermería; Pacientes; Atención al paciente; Estudio de validación.

INTRODUCTION

In the hospital environment, the nursing team is at the forefront of all the care that is provided. As such, they are able to identify and manage problems and nursing care demands related to each patient.[1] The care provided by the nursing team involves a variety of daily tasks, such as decubitus changes, body hygiene, mouth hygiene, medication administration, measuring vital signs, patient nutrition, emotional support and spiritual support.[2,3]

In this way, a concise, efficient, qualified nursing team that is able to adequately meet the care demands of patients and their families is fundamental to the quality of care.[4] On the other hand, when nursing care activities are not carried out in accordance with care and therapeutic needs, there is an omission of care.[2,5-7]

Omission of care in nursing can be defined as any type of care that should have been carried out and which was not carried out by the nursing team for the patient, or which was significantly delayed. Consequently, it can generate undesirable effects that can impact on the quality of patient care.[8]

In the literature, it is widely evidenced that the majority of studies on the subject are based on the perspective of the nursing team, to the detriment of the patients' perspective. This fact aroused interest, since the patients' view can add relevant information to this phenomenon. Therefore, the importance of obtaining patients' perceptions is emphasized for a more complete and accurate understanding of the omission of nursing care. This approach offers a more holistic and comprehensive perspective of the phenomenon in question.

In this case, patient empowerment is based on the circumstance that optimal care outcomes and health interventions can be achieved more clearly and quickly by involving the patient in their own care. This transforms the patient into an active subject and collaborator in the care provided by the health service.[9,10]

Considering the gap in studies on this subject in the Brazilian context, the aim of this study was to translate and cross-culturally adapt the "Patient Perceptions of Missed Nursing Care: Interview Guide" into Brazilian Portuguese.

METHOD

This is a methodological study carried out in a medium-sized teaching hospital in the state of Minas Gerais, which exclusively serves the Unified Health System (SUS).

For this study, the "Patient Perceptions of Missed Nursing Care: Interview Guide" was used.9 It is an interview script with the aim of listing the nursing care omitted in the perception of patients. The instrument is made up of 24 questions which are divided into two parts: a) two questions, which refer to the patients' perception of omitted nursing care and recognition of the members of the nursing team; b) 22 questions which assess the patients' perception of the care provided by the nursing team during hospitalization.

In order to use the instrument in the Brazilian context, cross-cultural adaptation was carried out in accordance with the following stages: translation, synthesis, back-translation, evaluation by a committee of judges and pre-test.[11] In the translation stage, the original instrument was translated by two independent translators who were fluent in the instrument's source language (English) and the target language (Portuguese), generating the Translation 1 (T1) and Translation 2 (T2) versions.

The two versions obtained from the translation (T1 and T2) were evaluated and combined by the researchers in the synthesis stage in order to obtain a single version (T12). This single version was translated back into the source language by two other independent translators, whose mother tongue is the source language of the instrument (English) and who are fluent in the target instrument (Portuguese), resulting in Back-translation 1 (RT1) and Back-translation 2 (RT2).

The next step was for the equivalences between the versions to be assessed by a committee of judges[12] with knowledge of the source and target languages. The inclusion criteria for the judges' committee were: being a nurse with previous experience in care or experience in methodological validation studies. The aim of this fourth phase was to assess the content validity of the proposed instrument and obtain the final version of the data collection instrument.[11]

Each member of this committee received a letter of invitation and instructions for assessing semantic-lingual, cultural and conceptual equivalence. Semantic-lingual equivalence assesses whether the sentence translated into Portuguese preserves the meaning of the expression in the original English version. Cultural equivalence assesses whether the situations addressed in the items fit the situations experienced in the Brazilian cultural context, with a simple and objective understanding. And conceptual equivalence assesses whether the sentences are coherent in terms of what they are intended to assess.

After the committee's assessment of each sentence, the content validity index (CVI) of each of the instrument's sentences was checked. This index measures the proportion or percentage of judges who agree with the aspects of the instrument presented in each item. The assessment was carried out using a scale with a score of 1 to 4, which corresponds to each item proposed in the instrument, where 1 = item not equivalent; 2 = impossible to assess equivalence without reviewing the item; 3 = item equivalent, but needs minor changes; 4 = absolutely equivalent.[13] To calculate the CVI score, all the answers with a score of "3" and "4" from the committee participants are added together, and then divided by the total number of answers. Items that received a score of "1" and "2" must be revised or eliminated[13]. For the agreement rate of the sentences to be considered acceptable, the CVI must be higher than 0.80.[13] After the evaluation by the committee of judges, the pre-final version of the instrument was obtained and used in the pre-test.

The pre-test was carried out on a sample of patients admitted to the medical clinic and the surgical clinic, with five participants in each ward respectively, at a teaching hospital. Data was collected in January 2020.

The inclusion criteria were: patients over the age of 18, regardless of gender, race, education, age or diagnosis. The exclusion criteria were patients with altered level of consciousness, unable to verbalize, either for clinical or mechanical reasons, and patients hospitalized for less than 48 hours. The interviews were audio-recorded with the aid of a cell phone, carried out at the bedside with the patients being invited to participate individually.

This study was approved by the Ethics Committee of the institution involved under protocol number 3.349.973. Participants were guaranteed secrecy and confidentiality of information. Voluntary participation took place after signing an informed consent form.

RESULTS

The four translators involved in this study were female, aged between 32 and 45, with a range of translation experience from 9 to 18 years. Two translators were Brazilian with fluency in English and two translators were American with fluency in Portuguese.

The committee of judges was made up of five members with knowledge of English and/or experience in validating instruments, and all the participants were female nurses.

In terms of qualifications, 20% had a doctorate in nursing, 60% a master's degree in nursing and 20% a specialist degree (residency in hospital care). All had previous experience of providing nursing care in hospital environments.

The results of the judges' committee evaluations showed semantic, idiomatic, cultural and conceptual equivalence of the adapted version of the original instrument. Of the 24 items, only one (item 18) scored 0.80 on the CVI, and the others scored 1. The committee of judges concluded that all the items and their concepts were relevant to Brazilian culture and made few suggestions for improving the content of the questions in the interview script.

No item obtained a CVI lower than the cut-off point, but some judges made some observations in relation to the proposed items. The research team opted to implement some suggestions for change, considering that these brought improvements to the synthesis version despite not being mentioned by all the judges and aiming to maintain the original content of the instrument, given that the CVI obtained for the items with suggestions was higher than 0.80. Priority was therefore given to the translations that best suited the day-to-day context of the research, preserving their originality and fidelity to the study in question.

In item 1, it was suggested that the summary version "Do you feel you received the care you needed? If not, what was not completed?" would be appropriate because the patient would have a better understanding of the question regarding the care provided. Three changes were suggested among the judges: changing the word "feels" to "thinks", mentioned by two judges, and changing the word "completed" to "accomplished".

In item 7, the summary version "Wash their hands?" the following changes were suggested: change the verb tense, putting the verb wash in the past tense, making it "Washed their hands?"; delete the last word, making it "Washed hands?"; and change it to "Washed their own hands?". Thus, when evaluating the judges' suggestions, the decision was made to exclude the word "their", but to keep the verb in the infinitive in order to maintain the standardization of the questions.

And finally, in item 12, the summary version "Answer your call light? How long did you wait?" it was suggested that two changes be made, the first would be to put the following phrase "Answer your call quickly? How long did you wait?" was intended to be culturally equivalent, as hospitals do not have lights, bells or contact devices. Another suggestion would be to put the word "answer" in the third person singular in the past perfect tense, making it "answered". The other three judges had no suggestions. Regarding item 12, the suggestion to exclude the word "light" was accepted. The other aspects of the sentence were maintained in order to standardize the questions.

In the pre-test stage, the majority of patients interviewed were male, corresponding to 80%. The average age of the participants was 45.

The average time taken to administer the instrument varied from 10 to 15 minutes, depending on the degree of interest shown by the patient in answering the questionnaire. It is important to note that, especially among the patients in the surgical ward, the majority were in the post-operative period, which may have influenced their desire to actively participate in the interview, leading to a shorter interaction.

During the pre-test phase, the patients showed proficiency and confidence in using the instrument. They had no doubts or difficulties about the meaning of the words and phrases in the context of each item. The final version of the interview script is shown in Table 1.

Table 1. Final version of the interview script. Juiz de Fora, 2020.

Item	Final version
1	Do you think you received the care you needed? If not, what was not done?
2	Did you know who your nurse was? Nursing technician/assistant? How did you know?
While you were hospitalized, a member of staff did the following and how often:	
3	Come into your room and talk to/watch you? What did they do?
4	Explain what was going to happen during the shift?
5	Taking you from the bed to the chair and making sure you walked?
6	Reposition you in bed if necessary?

Item	Final version
7	Washing your hands?
8	Take your temperature, blood pressure and pulse?
9	Giving you your medication at the right time?
10	Did they give you pain medication when you asked for it? How long did you wait?
11	Responding when a monitor alarm sounds? How long did you wait?
12	Answering your call? How long did you wait?
13	Check your IV site? What did they do when they checked?
14	Check your skin for possible redness or other problems? What did they do?
15	Make sure you've had a shower and oral hygiene?
16	Help you prepare your meal tray or feed you if necessary? How long did you wait?
17	Explain treatments and procedures?
18	Explain your illness, surgery to you?
19	Provide treatments?
20	Check how much you've eaten, how much you've drunk and how much you've urinated?
21	Listening to you, considering your opinion?
22	Provide emotional support when needed?
23	Preparing you to look after yourself at home?
24	What other observations did you make related to your nursing care?

DISCUSSION

This article shows the translation and cross-cultural adaptation of a data collection instrument ("Patient Perceptions of Missed Nursing Care: Interview Guide") for use in Brazil. The process took place in a systematic way, following all the methodological steps recommended in the literature.[11,14] The use of methodological standards that are accepted worldwide makes it possible to compare different populations and confers reliability to the adapted version.[14,15]

As a result of social changes, healthcare clients have become more demanding in terms of the quality of care they receive, requiring greater attention from the nursing team to meet their individual needs.[16] In view of this, it is necessary to formulate strategies that encourage nursing professionals to improve their skills in caring for patients, their families and companions, meeting individual needs, promoting health and contributing to an adequate recovery.[17]

The omission of nursing care in the perception of patients represents a gap in the literature. Raising awareness of this issue, investing in adequate resources and promoting a culture of accountability and education are crucial steps in this process.[18]

To carry out the cross-cultural adaptation of an instrument, it is highly recommended to carry out conceptual translation by independent translators.[14,15,19] This approach allows a comprehensive perspective to be obtained from different points of view on the same subject, in order to ensure that the translation is accurate and aligned with the cultural and contextual nuances of the target language. This practice helps to ensure the quality and fidelity of the translation, verifying that it really does meet the expectations and needs of the target audience.[19]

When summarizing the translated versions, we tried to ensure that the translations were consistent with the research objectives and the Brazilian cultural context. In order to do this, it was ensured that the translations were aligned with the purposes of the study and were culturally appropriate for the Brazilian environment, as was done in another investigation.[20] In this sense, the importance of cultural equivalence is emphasized, since if a term is out of place or does not reflect the experience of that population, it becomes imperative to make corresponding changes.[11]

Back-translation evaluation aims to verify the semantic equivalence of the instrument and is recommended as an additional quality control measure.[14,21] It aims to determine whether the content of the translated item is in line with the content of the original version. This step is crucial to ensure that no loss of meaning or distortion has occurred during the translation process, thus contributing to the accuracy and fidelity of the final translation.[21]

The committee of judges plays a fundamental role in improving the quality of the translation, since they contribute their academic and work experience, referring to everyday Brazilian life, which can be related to the topic covered in the questionnaire.[12,20] The analysis of each question was based on the search for harmonization between precise language and the cultural context, with the aim of ensuring that participants do not face difficulties in understanding and feel motivated to participate in the process, maintaining the relationship with everyday Brazilian life.

The researchers decided to keep item 12 in the interview script because they understood that, regardless of the presence of a device to activate the nursing team, patients' requests must be met immediately. In addition, Brazilian legislation on the physical structure of healthcare facilities makes it compulsory to have a nurse call system in hospitalization units[22], which reinforces the importance of this device in the healthcare service and the relevance of keeping the item in the instrument.

In this context, the final instrument used to carry out the pre-test shows that the methodological rigor applied in this study made it easy for the participants to understand. This is due to the choice of clear, concise and accessible language, which in turn made it easier for the participants to readily understand, eliminating any kind of difficulty or uncertainty.

The results show that due to the ease with which the patients understood the pre-test items, the instrument was quickly applied, taking between 10 and 15 minutes. This confirms the success of the cross-cultural adaptation of the proposed instrument.

In short, the adoption of universally recognized methodological standards when conducting cross-cultural adaptation plays a crucial role in guaranteeing the recognition and replicability of the results, promoting the possibility of comparability between different populations and, ultimately, the search for a unified common denominator.[11]

The cross-cultural adaptation of the instrument aims to ensure that the Brazilian version is equivalent to the original version, even considering the linguistic and cultural differences between the two languages. This is essential, since forms of communication and everyday life vary between the two cultures.[14] It is important to respect the context, which plays a fundamental role in this process.

CONCLUSION

Evidence of validity was identified in the process of cross-cultural adaptation and validation of the Patient Perceptions of Missed Nursing Care: Interview Guide. After following the stages of translation, synthesis, back-translation, analysis by a group of experts and pre-testing, it was found that the items of the instrument are suitable for the reality of Brazilian culture, maintaining the purpose of the original document.

To achieve this cross-cultural adaptation, comparisons were made between the translated versions and the original version, ensuring semantic, idiomatic, cultural and conceptual equivalence. It is hoped that the use of the adapted instrument will help to fill gaps in the Brazilian literature on the subject, enabling a better understanding of patients' perceptions of nursing care. In the Brazilian context, this topic has been the subject of limited research, which increases the relevance of this work by serving as a stimulus for future research in this area.

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