Content validation of the nursing diagnosis, impaired swallowing in Japan.

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Introduction

Oral intake is important for humans to live and make physiological, psychological, and social adaptations. However, the current situation in Japan indicate that the number of elderly people with impaired swallowing will increase. Because, Japan population is aging fast. In addition, it has been reported that 80.1% of pneumonia patients aged 70 and older were diagnosed with aspiration pneumonia (Teramoto et al., 2008). Therefore, nurses are required to make accurate clinical judgment for impaired swallowing. It is necessary to use defining characteristics (DCs) of the nursing diagnosis with tested content validity to make accurate clinical judgment for impaired swallowing.

Study Gap & Study purpose

There are many DCs for impaired swallowing. However, the content validity of DCs for nurses to diagnose impaired swallowing has not been verified in Japan. In addition, the level of evidence of nursing diagnosis "impaired swallowing" had not shown by NANDA-International (Herdman & Kamitsuru, 2017). Therefore, the purpose of this study is to examine content validity of DCs for impaired swallowing in Japan, as well as the major and minor DCs.

Method

- This study uses the diagnostic content validation model by Fehring (1987).
- The subjects were 672 expert nurses who are trained and certified for impaired swallowing nursing in Japan.
- The method utilizes questionnaire surveys created from NANDA-I DCs (Herdman & Kamitsuru, 2017) and literature review of DCs (Fukada et al., 2006; Takahashi, 2005, Belafsky et al., 2008; Jeng et al., 2001).
- DCs of the questionnaire were classified as: Oral phase (26DCs), Pharyngeal phase (27DCs), Esophageal phase (21DCs), and Other (4DCs).
- The one-to-five Likert Scale was used to examine the extent to which 78 DCs indicated impaired swallowing (1=not at all indicative of the diagnosis, 2=slightly indicative, 3= somewhat indicative, 4=considerably indicative, 5=very indicative).
- For each DC, response was scored (1=0, 2=0.25, 3=0.5, 4=0.75, 5=1) and DCV score (average) was calculated.
- DCs were classified as: major, if the DCV score was ≥0.80, minor, if < 0.80 but > 0.50, or discord, if the DCV score was ≤0.50.

Results

- There were 327 valid responses (48.7%).
- Background of the experts is shown in Table 1.
- Eleven major DCs (Table 2), 52 minor DCs, 15 discarded DCs (Table 3) were identified.
- Of the major DCs, Pharyngeal phase was the most frequent with 10 DCs.
- Of the minor DCs, Oral phase was the most frequent with 23 DCs.
- Of the discarded DCs, Esophageal phase was the most frequent with 11 DCs.

Discussion

We consider that it is essential to check the major DCs when making clinical judgment for impaired swallowing. For nurses who are not experts of impaired swallowing, the major DCs make clear the DCs that should be used when making a clinical judgment. In addition, the major DCs can be used as focus points for observing the swallowing state of a patient. This classification of major and minor DCs permits accurate clinical judgment for impaired swallowing.

References